



**MAHATMA GANDHI UNIVERSITY**  
**CENTRE FOR YOGA AND NATUROPATHY**  
**POST GRADUATE DIPLOMA IN YOGA**  
**PROSPECTUS & APPLICATION FORM : 2024-25**

1. **Name of the Programme : Post Graduate Diploma in Yoga (PGDY)**

2. **Nature of the Course** : The Programme shall be full time regular and co-education.

The duration of the programme shall be one academic year consisting of two semesters. Each semester shall have 90 working days (5 hours per day/5 days per week-3 days online on Tuesday, Wednesday and Thursday (5 am to 7 am-2 hrs & 6 pm to 9 pm-3 hrs), and 2 days offline on Saturday and Sunday (10 am to 4 pm). The course shall be full time regular and co-educational.

3. **Duration of the Course:** One academic Year (consisting of 2 Semesters)

4. **Eligibility for admission**

(i) Should have passed any Bachelor Degree of Mahatma Gandhi University or from any other University recognized as equivalent thereto.

(ii) Age - No bar

(iii) Should be physically and mentally fit to undergo Yoga training.

5. **Number of seats**

Since the PG diploma programme is offered in hybrid mode this programme is open to all candidates from India and abroad irrespective of the numbers of seats subject to fulfils conditions laid down in the selection criteria in all respects

6. **Selection Criteria**

The selection of candidates for admission to the course shall be based on the merit determined by the following criteria:

(i) Entrance examination \* - 50 marks

(ii) Marks of the qualifying examination - 25 marks

(iii) Interview and Group Discussion - 25 marks

**Total - 100 marks**

\* *Entrance examination shall be multiple choice questions based on the knowledge of Yoga, Health, current affairs, Mental ability, English language etc. Candidates should score at least 40% marks in the selection tests to be placed in the rank list.*

7. **Medium of Instruction and Examination.**

The medium of instruction and examination of the course shall be English / Malayalam.

**SEMESTER I**

Sl. No	Course Code	Title of the Course	Contact hours per week			Marks			Number of credits
			L	P	T	CIA	ESE	Total	
1	CY PGD 21 I C 01	Foundations of Yoga	3	-	1	40	60	100	4
2	CY PGD 21 I C 02	Human Anatomy and Physiology	3	-	1	40	60	100	4
3	CY PGD 21 I C 03	Principles and Practice of Hatha Yoga	4	-	1	40	60	100	4
4	CY PGD 21 I C 04	Yoga Practical -I	-	6	-	40	60	100	4
5	CY PGD 21 I C 05	Yoga Practical-II	-	6	-	40	60	100	4
		<b>Total</b>	<b>10</b>	<b>12</b>	<b>3</b>	<b>200</b>	<b>300</b>	<b>500</b>	<b>20</b>

**SEMESTER – II**

Sl. No	Course Code	Title of the Course	Contact hours per week			Marks			Number of credits
			L	P	T	CIA	ESE	Total	
1	CY PGD 21 II C 01	Patanjala Yoga Sutra	4	-	1	40	60	100	4
2	CY PGD 21 II C 02	Functional Sanskrit	3	-	1	40	60	100	4
3	CY PGD 21 II C 03	Yoga and Human Development	3	-	1	40	60	100	4
4	CY PGD 21 II C 04	Yoga Practical-III		6		40	60	100	4
5	CY PGD 21 II C 05	Yoga Field work / Teaching Practice	-	6		40	60	100	4
		<b>Total</b>	<b>10</b>	<b>12</b>	<b>3</b>	<b>200</b>	<b>300</b>	<b>500</b>	<b>20</b>

**General Instructions**

1. Prospectus and application form can be downloaded from the Mahatma Gandhi University, Centre for Yoga and Naturopathy website [www.https://cyn.mgu.ac.in](http://www.https://cyn.mgu.ac.in)
2. The Candidates shall remit registration fee Rs.500/- to Hon. Director, Centre for Yoga & Naturopathy SBI Account 6731744261, IFSC : SBIN0070669 along with the application form duly filled in all respects should reach on or before 15<sup>th</sup> November 2024.
3. The fee for the NRI students shall be 4 time of the fee in each semester.

**FEE STRUCTURE**

ITEM	REVISED FEE (₹)
Admission Fee	585
Application Fee	355
CV Camp Valuation Fee	180
Caution Deposit (At the time of Admission)	1165
Department development Fund (one Time)	585
Examination Theory Papers (per Paper)	55
Library Caution Deposit (at the time of admn)	240
Mark list fee	65
Practical fee (per Paper)	75
Special Fee	1165
Sports affiliation Fee (one time)	125
Student Affiliation Fee (at the time of admn)	225
Tution Fee – 1 <sup>st</sup> Sem	13785
Tution Fee – 2 <sup>nd</sup> Sem	13785



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**APPLICATION FORM 2024 - 2025**

1. Name : \_\_\_\_\_
2. Age & Date of birth : \_\_\_\_\_
3. Male/female : \_\_\_\_\_
4. Name of Parent/Guardian: \_\_\_\_\_
5. Address for communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affix Passport size  
Photograph

Pin Code \_\_\_\_\_

Phone with STD Code \_\_\_\_\_

Mobile: \_\_\_\_\_

6. Community, Caste : \_\_\_\_\_
7. Whether belongs to SC/ST/OBC/OEC/FC Specify the details and attach certificate, if any kind of concession is required : .....
8. Whether employed at present. If so, name & address of the employer
9. Annual Income: \_\_\_\_\_
10. Application & Registration fee: Chalan /DD/ No. dated for Rs
11. Details regarding the qualifying Examination passed :

Name of Examination	
Register Number	
Month & Year	
Name of the University/Board	
Name of language & Subjects	

## 12. Educational Qualifications:

Name of Exam Passed	Name of the University	Year of Passing	% of Marks	Remarks
SSLC				
HSC/+2/PDC				
UG				
PG				
Any other Qualification				

## 13. Details of Document Enclosed

1.	5.
2.	6.
3.	7.
4.	8.

## 14. Additional information if any

### 15. Undertaking

- 1) I hereby declare that the information furnished above are true and correct to the best of my knowledge.
- 2) I hereby declare that, if I am admitted, I shall abide by the rules and regulations of the University and Centre, that is in force from time to time

Place:

Signature of the Applicant

Date:

Signature of the Parent/Guardian

### Enclosures:

- 1) Copies of the certificate to prove Age, Community, Educational qualifications with
- 2) Mark sheets.
- 3) Medical Fitness Certificate in the given format.
- 4) Chalan/DD/Transaction Details of Rs.500/- .

**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner)

Certified that I have carefully examined Mr./Ms \_\_\_\_\_

son/daughter of Mr/Mrs/Ms \_\_\_\_\_

whose signature is given below and found that he/she is physically and mentally fit to undergo physical activities required for the Post Graduate Diploma in Yoga course.

Identification marks \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date

Name & signature of the Medical Officer  
with seal and registration number