MAHATMA GANDHI UNIVERSITY
CENTRE FOR YOGA & NATUROPATHY

Application Form

Affix Passport size Photograph

1. Name : _____
2. Age & Date of birth : _____
3. Gender : _____
4. Name of Parent/Guardian : _____
5. Address for communication : _____

_____

_____

Pin Code _____

Mobile: _____

6. Community, Caste : _____
7. If belongs to SC/ ST/ OBC/ OEC/ FC / EWS 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. Adhaar Card No._____(Attach a Copy)
11. Email. ID _____
12. Application &Registration fee: Chalan /DD/ No. _____dated_____for Rs _____
13. Details regarding the qualifying Examination passed:

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

14. 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				

15. Details of Document Enclosed

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

16. **Additional information if any**

17. **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/DDforRs.500/-drawninfavourofHon.Director,CenterforYoga&Naturopathy, SBI Account: 67317447261; IFSC SBIN0070669

MEDICALFITNESSCERTIFICATE

(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 Programme in Yoga and Geriatric Counseling.

Identification marks _____

Signature of the Candidate _____

Place:

Date

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