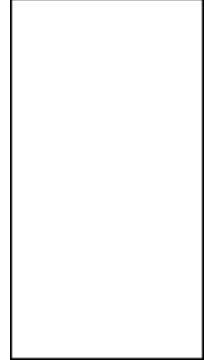


APPLICATION FORM

No. _____

Courses Name : _____

To,
The Director
International Yoga Academy , Trust , Rishikesh
108, Ashutosh Nagar, Nehru Marg,
Rishikesh-249201, Distt. Dehradun, Uttarakhand
www.iyarishikesh.com



Sir,

I wish to apply for the **DNYS/CNYT/FCY/CCY/ACCY/YTT/TTC100/200/500 MeditationTTC , Other Programme & YCB** and submitting below all my particulars for your consideration.

1. Name of the Candidate : _____
(in Block Letters)
2. Mother/Father/Husband's Name : _____
& Occupation
3. Address
a) Postal Address : _____
(with pincode) _____
Mobile No. : _____
ID (Passport/Adhar/PAN) : _____
E-mail : _____
4. Male/Female : _____
5. Date of Birth & Age as on _____ : _____
6. State of Domicile : _____
7. Nationality : _____
8. Married/Unmarried : _____
9. occupation : _____
10. Height : _____(cms) Weight _____ (kgs.)
11. Usual Diet : Vegetarian/Non-vegetarian
12. Specify whether SC or ST or OBC
(attach certificate) (**Not Applicable for Foreigners**)

13. Details of Educational Qualification :

| S.No. | Examination Passed | Board/Univ. | Division/Class | % of Marks | Year of Passing | Marks obtained |
|-------|--------------------|-------------|----------------|------------|-----------------|----------------|
| | | | | | | |

14. Details of Yoga Education : _____

15. Present Occupation : _____
(Give full particulars)

16. Background of Yogic Practices, if any : _____

17. Background of physical activities, if any : _____

18. Any other information : _____

19. The Registration fees of Rs. _____/- for Indians & ___\$ for Foreigners is sent by Demand Draft No. _____ on (name of Bank) _____
(Send the DD/Cash in the name of International Yoga Academy payable at Rishikesh only)

DECLARATION OF THE CANDIDATE

I hereby solemnly affirm that the statements made and information furnished by me with application form are true and correct. Should it however, be found that any information furnished therein is fraudulent, incorrect, or untrue in material particulars, I realise that the section and admission to the Course liable to be cancelled at any stage.

I do hereby undertake to abide by the rules of discipline and conduct, I agree that if I am found not obeying these rules by the authorities concerned, I may be removed from the Course in which case no refund of any kind will be admissible to me.

I am not suffering from any chronic disease.

I shall present myself for main interview along with the original certificates at my own expense whenever required.

Place : _____

Date : _____

Signature of the Candidate

CHARACTER CERTIFICATE

This is to certify that Shri/Smt/Kum/._____ is known to me for _____ years and he/she bears sound moral character.

Place : _____

Date : _____

Signature & Designation : _____

MEDICAL CERTIFICATE

This is to certify that Shri/Smt/Kum/Dr/ _____ has been medically examined by me today and he/she does not suffer from any chronic illness which will prevent him/her to undergo intensive Yogic practices.

BLOOD PRESSURE

LUNGS

STOMACH

ACCIDENT

COVID

Place : _____

Date : _____

**Signature & Regd. No.
of the Medical
Practitioner**

**HE/SHE IS NOT SUFFERING FROM ASTHMA-EXZEMA-PEPTIC ULSER HEART
TROUBLE-SPONDYLITIS-BONE FRACTURE**

INSTRUCTIONS FOR THE CANDIDATE

1.
 - a) The application form should be complete in all respect.
 - b) The attested copies of the certificates mentioned therein must be attached with the application form. Xerox copies of certificates without attestation will not be accepted.
 - c) Incomplete application will not be considered.
 - d) Original certificates are to be produced at the time of interview/Test.
 - e) Fees once deposited will not be returned back.

 2. If the Space in any of the columns is insufficient and/or the candidate wishes to give additional information, a separate sheet may be used.
-

FOR OFFICE USE ONLY

Admit/Don't Admit Shri/Smt/Kumari/ _____

Place : _____

Signature : _____

Date : _____

Seal :