GANDHI BHAWAN UNIVERSITY OF DELHI YOGA & MEDITATION TRAINING PROGRAMME

APPLICATION FORM FOR ADMISSION

MARCH 2022 BATCH

Attach a

passport size

photograph

(IN CAPITAL LETTERS)

| | | , | • | |
|-----------------------------|---|--|--|---|
| 1. | Name: | | | |
| 2. | . Mother's Name: | | | |
| 3. | Father's Nan | ne: | | |
| 4. | Date of Birth | : | | |
| 5. | Nationality: | | | |
| 6. | Sex: | | | |
| 7. | Educational | Qualification: | | |
| | Course | Board/ University | College | Year of passing |
| | | | | |
| | | | | |
| | | | | |
| 8. | Yogic qualifi | cation: | | |
| 9. | Permanent A | ddress: | | |
| 10 | .Local Addres | SS : | | |
| 11 | .Phone: | E-mail (in cap | ital letters) | |
| the be need t shall b | est of my knowle to maintain calm | pplicant: I declare that the sedge and belief. I recognize and dignity. I will participate the course if I found misbeha | the sanctity of Gandh in all the programs o | i Bhawan and will res rganized by Gandhi B |
| Note: I | No leave is perm | issible during the course | | |
| Date: | | | Signature of Applicant | |
| Approve | ed by: | | | |
| | Director, Gan | dhi Bhawan | | |
| • | Proof of Date of Photo ID card of Health Fitness Papplication to: M | ollowing (scan copies incl of Birth (Aadhar/ Voter id) Certificate from certified medi lale candidates can mail to be candidates can mail to: y | ical practitioner o: yogacoursegbdum | lale@gmail.com |

For office use only: Roll No. Session: DECEMBER 2021