



# MORARJI DESAI NATIONAL INSTITUTE OF YOGA

Ministry of AYUSH, Govt. of India  
68, Ashok Road, Near Gole Dak Khana, New Delhi-110001

## APPLICATION FORM

Sr. No.....

For Admission to

### Certificate Course in Yogasana For Health Promotion

(A Part Time Course of 3 Months (120 Hrs.) duration)

Affix attested  
Recent passport  
Size photograph

Name (in capital letters) : .....

Father's/ Husband's Name : .....

Mother's Name : .....

Date of Birth : .....

Age as on 1st August : ..... Yrs. .... Months ..... Day .....

Sex (M/F) : .....

Nationality : .....

Marital Status : .....

Blood Group : .....

Complete Correspondence Address : .....

(along with postal pin code) .....

Permanent Address : .....

Tel.No./ Mobile No./ Fax /e-mail : .....

**Details of Educational Qualification:**

(From High School /10th class onwards)

<b>Name of the Exam Passed</b>	<b>Board / University</b>	<b>Year of Passing</b>	<b>Division &amp; % of marks</b>	<b>Subjects</b>

Yoga Courses/Foundation course, if any : .....  
(Enclosed Copy)

Why do you wish to undertake this course? : .....

**CERTIFICATE**

This is certified that the information furnished above is true to the best of my knowledge and belief and that nothing has been concealed or misrepresented. This is also certify that I am not suffering from any acute/chronic/communicable diseases.

Date:

Place:

**Signature of the Candidate**

**INSTRUCTIONS**

1. Photo copies of certificates of date of birth, all mark sheets of qualifying degree/s and certificates, etc. duly attested must be enclosed with application form.
2. Application should reach the office of the Director, Morarji Desai National Institute of Yoga, 68, Ashok Road, Near Gole Dak Khana, New Delhi –110001 on or before the last date specified in the Notification.
3. Candidate will have to abide by the rules and regulations of the Institute while undertaking the Course.
4. Mere applying for the course shall not confer any right upon the candidate to be selected.

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**( FOR OFFICE USE ONLY)**

Registration No. ....

Date: .....

**Seal and Signature of the Co-ordinator**