



JAGRITI YOGA INSTITUTE

Gaurav Galaxy, Phase 2, Nr. St. Paul's High School,
Mira Road (E), Mumbai - 401107.

Mob. : 9967784499 / 022-28458311 • www.jagritiyoga.org

Attested
Passport
Size Photo

Yoga Teacher's Courses

Batch: January March May July September November

For Office Use

Roll No.:
Ref:

1. Name: Dr. / Smt / Sri

2. Date of Birth: ___/___/_____ (mm/dd/yyyy) Sex: Marital Status:

3. Nationality:

4. Address:

Postal Code: Country:

Telephone: Mob: Fax:

Email:

5. Name of Father / Guardian:

6. Educational Qualifications (10th OR High School and above)

Course Title	University / Institute and Place	Year of Passing	% of Marks secured

7. Present Occupation:

8. a. Health Status : Normal Ailments (Please Mention if any)

9. Service Projects you have participated, if any:

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10. Yoga courses completed, if any:

11. Extra-Curricular Activities:

12. Subjects of Interest:

13. Any other information you wish to give in support of your application

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14. Write a note describing reasons for joining this course

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I have gone through the prospectus and instructions. I hereby agree to abide by all the rules and regulations of DDE, S-VYASA.

All information provided herein is true to the best of my knowledge

Date: **Place:** **Signature of Candidate:**

Documents to be submitted along with application:

- i. Two Passport Size Photographs (SIX for non-Indians)
- ii. Attested marks card from High School (10th Standard) to highest examination passed
- iii. Attested copies of University Certificates
- iv. Copy of Passport and Visa (for non-Indian Nationals)
- v. Health / Fitness Certificate

For Office Use

Receipt No.: Date of receipt:

Approved / Rejected: By: Date of Admission:

Registration No.:

Remarks: