MAHARISHI VASHISTHA YOG SANSTHAN (Registred Trust by Govt. of India)

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ADMISSION FORM

CERTIFICATE COURSE IN YOGA & FITNESS FOR IT- PROFESSIONALS

Enrollment No.		
	Correspondence/Interaction Program:	
(To be filled by the offi		
Name :		
Father/Husband Name	e :	
DOB :	Nationality	
Sex (M/F) :	Contact No	
E-mail id :		
Qualification & Exper	rience :	
Address: :		
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	led with this form: Two Passport Size Photographs, Copy of Aadhar Card / Voter	r ID
•	rt and Copy of Certificates of Educational Qualification	
Details of Admission		
·	Draft/ RTGS (No.) Date :	
	AHARISHI VASHISTHA YOG SANSTHAN (A/c No. 110038858967,	••
	B0001956, Canara Bank, Mayur Vihar Phase II, Delhi through	
Declaration by the C	Candidate:	
I do solemnly affirm that the statement and information furnished by me as above and also in the en		
closure submi	tted are true. I realize that if any information furnished therein is found to be un	true
in material par	ticulars, I shall be liable to criminal prosecution as well as to forego my admission	and
to be removed	-	
Date :		
Place ·	(Signature of the Candidate)	

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