GANDHI BHAWAN
UNIVERSITY OF DELHI
YOGA & MEDITATION TRAINING PROGRAMME
APPLICATION FORM FOR ADMISSION

Attach a passport size photograph

OCTOBER 2022 BATCH

(IN CAPITAL LETTERS)

1. **Name:**
2. **Mother's Name:**
3. **Father's Name:**
4. **Date of Birth:**
5. **Nationality:**
6. **Sex:**
7. **Educational Qualification:**

Course	Board/ University	College	Year of passing

8. **Yogic qualification:**
9. **Permanent Address:**
10. **Local Address**:
11. **Phone:** **E-mail** *(in capital letters)*

Declaration by the Applicant: I declare that the statements made in the Application Form are true to the best of my knowledge and belief. I recognize the sanctity of Gandhi Bhawan and will respect the need to maintain calm and dignity. I will participate in all the programs organized by Gandhi Bhawan. I shall be expelled from the course if I found misbehaving with my faculty, classmates and staff of Gandhi Bhawan at any time.

Note: No leave is permissible during the course

Date: Signature of Applicant

Approved by:

Director, Gandhi Bhawan

***Note: Submit the following* (scan copies including application form)**

- Proof of Date of Birth
- Photo ID card (Aadhar/ Voter id)
- Health Fitness Certificate from certified medical practitioner

Send application to: ***Male candidates*** *can mail to:* yogacoursegbdumale@gmail.com
Female candidates *can mail to:* yogacoursegbdufemale@gmail.com

For office use only: _____

Roll No. **Session: OCTOBER 2022**