

# MORARJI DESAI NATIONAL INSTITUTE OF YOGA

(An Autonomous Organization under the Ministry of AYUSH, Government of India)

68, Ashok Road, Near Gole Dak Khana, New Delhi-110001

## APPLICATION FORM

Sr. No.....

For Admission to  
**DIPLOMA IN YOGA SCIENCE (D. Y. Sc.)**  
FOR GRADUATES  
**(2015-16)**

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 : .....

Whether belongs to Delhi State : .....

or outside

Whether SC/ST/OBC (Attach proof) : .....

Whether belongs to N.E / : .....

Andaman & Nicobar Island .....

Blood Group : .....

Complete Correspondence Address : .....

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

Permanent Address : .....

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

**Details of Educational Qualification:**

(From High School /10th class onwards)

Name of the Passed Exam	Board / Univ.	Year of Passing	Division & % of marks	Subjects

Other Qualification, if any : .....

Languages Known : .....

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.

**Date:**

**Signature of the Candidate**

**Place:**

**INSTRUCTIONS**

1. Photo copies of certificates of date of birth, all mark-sheets of qualifying degree/s and certificate etc. duly attested, must be enclosed with the application form.
2. Application should reach the office of the Director, Morarji Desai National Institute of Yoga, 68, Ashoka 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)**

Application No. ....

Date: .....

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