

मोरारजी देसाई राष्ट्रीय योग संस्थान
MORARJI DESAI NATIONAL INSTITUTE OF YOGA
आयुष मंत्रालय, भारत सरकार
Ministry of Ayush, Government of India
68, अशोक रोड, नई दिल्ली-110001
68, Ashok Road, New Delhi-110001

NOTICE

Applications are invited from the eligible candidates for preparing a panel of Yoga Instructors on a purely contractual and short-term basis to cater to the requirements of various programmes of the Institute on contract basis.

1. Eligibility:

- a. M.Sc. (Yoga)/ Post Graduate Diploma in Yoga Therapy (PGDYT)/ B.Sc. (Yoga)/ Regular one-year Diploma conducted by MDNIY/Outside.
- b. Experience in the field of Yoga Education/Training/Therapy/Research minimum one year.
- c. YCB Certified Yoga Instructor

2. Desirable:


- a. Knowledge of computer
- b. Working knowledge of Hindi, English and Sanskrit
- c. Fluency in Hindi & English

3. Selection Criteria: Through an interaction by the selection committee and on the basis of skill test, performance in demonstration and viva.

4. Date of Interaction: 09th May, 2025 from 10:00 am onwards

5. Registration Time: In between 09:00am to 10:00am only on 09th May, 2025.

Interested candidates will carry their original documents and duly filled application Form, two passport size photographs and related documents along with copies of testimonials duly self-attested on 09.05.2025.

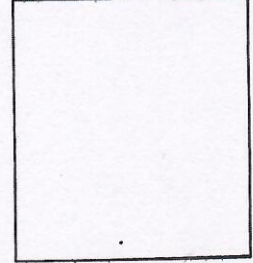

Administrative Officer
MDNIY



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योग प्रशिक्षुओं के लिए आवेदन प्रपत्र
APPLICATION FORM FOR A PANEL OF YOGA INSTRUCTOR

Name (in capital letters)/ नाम:.....



Age (in figure)/ आयु (आंकड़े में):Gender/ लिंग:.....

Address (permanent)/ पता (स्थायी):.....

Address (local)/ पता (स्थानीय):.....

Mobile Number/ मोबाइल नंबर:

Email/ ईमेल:.....

Education (specify the course & year of examination)/ शिक्षा (पाठ्यक्रम और परीक्षा का वर्ष निर्दिष्ट करें): Enclosed Supportive documents/

Exam/ परीक्षा	Board/University/ बोर्ड/विश्वविद्यालय	Year of Passing/ उत्तीर्ण होने का वर्ष	Total Marks/ कुल अंक	Marks Obtained/ प्राप्तांक	Percentage of Marks/ अंकों का प्रतिशत

Experience (If any)/ अनुभव (यदि हो): (Enclose a separate sheet, if required)

S.No./ क्रमांक	Name of the Institute/ संस्थान का नाम	Post Held/ पद धारित	Period/ काल		Reason of Leaving / छोड़ने का कारण
			From	TO	

Yoga Certification Board (YCB) Examination: Teacher & Evaluator certificate (Yes/No)
योग प्रमाणीकरण मंडल परीक्षा: शिक्षक और मूल्यांकनकर्ता प्रमाण पत्र (हां/नहीं)

Date/ दिनांक:

Place/ स्थान:

(उम्मीदवार के हस्ताक्षर)
(Signature of the candidate)