## **GANDHI BHAWAN UNIVERSITY OF DELHI** YOGA & MEDITATION TRAINING PROGRAMME

Attach a

passport size

photograph

## **APPLICATION FORM FOR ADMISSION**

## **JUNE 2021 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 qualifi	cation:			
	). Permanent Address:				
10.Local Address:					
	11.Phone: E-mail (in capital letters)				
<b>Declaration by the Applicant:</b> 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: N	No leave is perm	issible during the course			
Date:			Si	Signature of Applicant	
Approve	ed by:				
	Director, Gan	dhi 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: JUNE 2021