



DIRECTORATE OF OPEN AND DIGITAL LEARNING (ODL)

Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA)

(NAAC A+ accredited Deemed-to-be University)

Eknath Bhavan, # 19, Gavipuram Circle, Kempegowda Nagar, Bangalore 560019, India

Application Form

Yoga Instructors Course (YIC) []/ Diploma in Yoga Therapy (DYT) []



Batch: January 20..... July 20

For Office Use

Roll No:

Ref:

Attested
passport size
photo

1. Name: Dr. / Smt./ Sri.
2. Date of Birth:/...../.....(mm/dd/yyyy) Gender: Marital Status:
3. Nationality:
4. Address:.....
.....
.....

Postal Code: Country:

Landline: Mob:

Email-1:Email-2.....

5. Name of Father / Guardian:

6. Educational Qualifications (10th or High School and above)

Course Title	University / Institute and Place	Year of Passing	% of Marks secured

7. Present Occupation:

Website:

8. Health Status: Normal [] Ailments [] Ailments, if any:

9. For Foreign Nationals / NRIs:

Passport No.: Date of Expiry: Place of Issue:

VISA No.: Valid up to:VISA Type:

10. Category (Applicable only for Indians):

SC [] ST [] Other Backward Classes (OBC) [] Physically Challenged []

11. Service Projects you have participated, if any:.....

12. Yoga courses completed, if any:

13. Extra-Curricular Activities:

14. Subjects of Interest:

15. Any other information you wish to give in support of your application (Attach separate sheets)

16. Write 20-sentence note describing reasons for joining this course (Attach separate sheet)

I have gone through the prospectus and instructions. I hereby agree to abide by all the rules and regulations of ODL, S-VYASA. All information provided herein is true to the best of my knowledge.

Date: Place:Signature of Candidate.....

Documents to be submitted along with application:

(Please note: 12th Standard or 12 years of Education (High school) are prerequisites)

- i. Two Passport Size Photos (SIX for non-Indians)
- ii. Attested marks card from High School (10th Standard) to highest examination passed
- iii. Attested copies of University Certificates (if applicable)
- iv. Copy of Passport (for Non-Indian Nationals)
- v. Health/ Fitness Certificate from any registered medical practitioner

FOR OFFICE USE

Receipt No.: Date of receipt:

Approved/Rejected:By:Date of Admission:.....

Registration No.:

Remarks (includes reasons for selection/ rejection):.....

.....

.....

.....