विवेकानन्द योग अनुसंधान संस्थान

Vivekānanda Yoga Anusandhāna Samsthāna (VYASA)

Eknath Bhavan, # 19 Gavipuram Circle, Kempegowda Nagar, Bangalore- 560 019 India.
Ph: 080-2661 2669 / 2660 8645 | Email: vyasaekb@gmail.com | Website: www.vyasa.org

YIC APPLICATION FORM

Name of the affiliated centre			
Affiliation No.			PHOTO
YIC	Starting date		
	Ending date		
	Internship Date		

1.	Name				
2	Date of Birth		3	Place of Birth	
4	Age		5	Mobile No.	
6	Sex		7	Residential phone no if any	
8	Religion		9	Email	

Address for correspondence

10.	Door No		11.	House name if any	
12	Main Road		13.	Cross road if any	
14.	Street Name		15.	City	
16	State		17.	Pin code	

Details of Parent

		Father	Mother
18	Name		
19	Qualification		
20	Occupation		
21	Annual income		

Previous School/College details

	School/College name	Class	Academic Year	Year of passing	Percentage
22		10th			
23		12th			
23		Graduation			
24		Post-Graduation			

(Kindly enclose photocopy of the relevant documents)

25	Yoga courses completed if any	
26	Service projects participated	
27	Extra-Curricular activities	
28	Subjects of interest	
29	Any other information	
30	Kindly Enclose fitness Certificate	
31	Write 20 sentence note describing reasons for joining the course	Enclose Copy

Date: Student Signature

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MEDICAL CERTIFICATE

Name (In Block Letters).....

Parent/ Guardian Name.....

Gender: Male ☐ Female ☐ Blood Group: .....

Height: .....cm Weight: .....kg

Heart: ..... Lungs: .....

Vision: ..... Hearing: .....

Hernia / Hydrocele/ Varicocele/ Hemorrhoids, etc: .....

Any Other Disease Diagnosed in the Past:.....

Allergies, if any.....

Recent surgeries (in last six month): .....

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri/ Kum/ Smt .....,

Son/Daughter of ....., who is an applicant for admission to .....Program and could not notice that he/ she has any disease, constitutions affiliation, bodily infirmity or mental unsoundness. His/ Her age according to his/her statement is.....year and by appearance about .....years.

Signature of the Candidate

Place.....

Date.....

Signature of the Doctor:

Name: .....

Designation: .....