

ONLINE ADMISSION FORM

1. Program Apply:
2. Specialization:
3. Session:
4. Batch: January July.....

Personal Details

Applicant Name

Mother Name.....

Mother Name.....

Mobile No. E Mail:.....

Date of Birth Nationality:

Gender: - Male Female

Postal Address:

..... State..... Zip Code.....

Professional Detail

Working Status Fresher..... Working

If Working, than Mention Organization Name :

Experience Year :

Experience In Ayurveda Field/ Yoga Field /Vedic Field/ Others

Last Qualification

S.No.	Examination Passed	Board/University	Passing Year	Marks Obtained	% of Marks	Medium

Attach self attested Photocopy of Marksheet and Required Documents

DECLARATION BY THE CANDIDATE

I Hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I understand that many candidatures are liable to be cancelled by the Institute if any information given above by me is found incorrect to misleading at any stage. I shall abide by the norms of territorial jurisdiction of the Institute.