



MAHARISHI VAGBHATA AYURVEDA & YOGA SHAIKSHIK SANSTHAN

महर्षि वाग्भट आयुर्वेदा एवम योगा शैक्षिक संस्थान

APPLICATION FORM FOR AUTHORISED TRAINING CENTER (ATC)

Center Details

Full Name of Training Center:- _____

Name of Training Center Head:- _____

Address:- _____

State:- _____ Pin:- _____ Country _____

WhatsApp Number:- _____ Contact Number:- _____

E-Mail:- _____ Website:- _____

Apply For

- Ayurvedic Studies Program
 Yoga Studies Program
 Naturopathy Studies Program
 Vedic Studies Program
 Alternative Therapy Studies Program

Type of Area (Please tick whichever is applicable):

- Metro State Capital Distt. Hq. Town Semi-Urban
 Rural Backward Area Remote Hilly Region Tribal Area

Premises & Availability Status:

- Owned Rented Leased Ready for Operations Not Yet

Institution Library Information

S.NO	Category	Count
1	Reference Books	
2	Text/Subject Books	
3	Periodicals Subscribed	
4	Journals Subscribed	
5	Newspapers Subscribed	
6	Course CDs	
7	Course Audio/Video Cassettes	

Attach Document

- Pan Card
 Aadhar Card
 Udyoge Aadhar
 Any Registration Proof
 Institute Address Proof
 Institute Color Photograph

**Is the Institution Recognized as Authorized Training Center of any other University or Equivalent?
Yes / NO If Answer is Yes, kindly give the following details:**

S. No.	Name and Address of Recognized University	Recognized as	Programmes Undertake

Declaration

(a) I/We certify that all the Information given above and in the preceding pages signed by me/us is/are complete and correct.

(b) I/We declare that the Institute will abide by all the rules and directions of MVAYV given time to time.

(c) I/We declare that I/We am/are authorized to sign on behalf of my Organization and that Directors/ Authorities of the Organization are in total agreement of my/our application.

(d) In case of any Information furnished by me/us is found wrong or incomplete, I/We declare that the Institution may be derecognized and is also open to any action as per law.

(e) I/We undertake not to do any advertisement of our own in print/electronic media without the prior written permission of MVAYV.

(f) I/We hereby undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures laid down by MVAYV shall be free to withdraw the Authorized Training Center recognition.

(g) I/We shall verify all the original documents of the students and certify that the Students registered at my /our Authorized Training Center for MVAYV. Programmes are eligible in all respect as per the eligibility norms of MVAYV. I/We shall produce the original documents of the students as and when required by MVAYV.

(h) I/We understand that MVAYV reserve the right to terminate the Authorized Training Center registration. If it is found that I /We have knowingly made a false declaration in form.

(i) I/We understand that the approval of my/our Institution as Authorized Training Center shall be done as per the norms of the MVAYV.

Signature

Stamp

Designation

Date