

Sr. No.....



SHRI KRISHNA AYUSH UNIVERSITY KURUKSHETRA

(Established by the State Legislature Act No.25 of 2017)
Umri Road, Sector-8, Kurukshetra, Haryana- 136118

APPLICATION FORM

For Admission to

Certificate Course in Yoga science (CCYS)
(One Year duration)

Affix attested
Recent passport
Size photograph

1. Name (in capital letters) :
नाम :
2. Father's/ Husband's Name :
पिता का नाम :
3. Mother's Name :
माता का नाम :
4. Date of Birth :
5. Age as on 01.01.2023 :Yrs..... Months..... Day.....
6. Sex (M/F) :
7. Nationality :
8. Marital Status :
9. Blood Group :
10. Complete Correspondence Address :
(Along with postal pin code)
11. Permanent Address :
.....
12. Mobile No. /e-mail :/.....@.....

13. Details of Educational Qualification: please enclose self-attested photocopies of the certificates. (From High School /10th class onwards)

Name of the Passed Exam	Board / Univ.	Year of Passing	Division & % of marks	Subjects

14. Existing Medical (Illness) Condition if Any; _____.

15. Why do you wish to undertake this course? :

16. List of Enclosures.

	DOCUMENTS	YES/NO
1.	10 th & 12 th Certificate	
2.	Identity Proof /Aadhar Card	
3.	Category certificate	

CERTIFICATE

This is certified that the information furnished above is true to the best of my knowledge and belief and that nothing has been concealed or misrepresented. This is also certified that I am not suffering from any acute/chronic/communicable diseases.

Date:

Place:

Signature of the Candidate

INSTRUCTIONS

1. Application should be submitted at Shri Krishna AYUSH University, Sec.8 Umri Road, Kurukshetra on or before the last date specified in the Notification.
2. Candidate will have to abide by the rules and regulations of the Institute while undertaking the Course.
3. Mere applying for the course shall not confer any right upon the candidate to be selected.

(FOR OFFICE USE ONLY)

Enrolment No.

Date:

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Mr. /Ms.

Son/daughter of.....

Based on the examination, I certify that he/she is in good mental and physical health and is free from any ailments which may interfere with his/her competence to participate in the Practical classes of Yoga Courses.

Height: _____

Weight: _____

Place:

Date:

*Name & Signature of the Medical Officer
With Seal and Registration number*