



# JAGRITI YOGA INSTITUTE

Gaurav Galaxy, Phase 2, Nr. St. Paul's High School,  
Mira Road (E), Mumbai - 401107.

Mob. : 9967784499 / 022-28458311 • www.jagritiyoga.org

Attested  
Passport  
Size Photo

## Yoga Teacher's Courses

Batch: January  March  May  July  September  November

For Office Use

Roll No.:  
Ref:

1. Name: Dr. / Smt / Sri .....

2. Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy) Sex: ..... Marital Status: .....

3. Nationality: .....

4. Address: .....

Postal Code: ..... Country: .....

Telephone: ..... Mob: ..... Fax: .....

Email: .....

5. Name of Father / Guardian: .....

6. Educational Qualifications (10<sup>th</sup> OR High School and above)

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

7. Present Occupation: .....

8. a. Health Status : Normal ..... Ailments (Please Mention if any) .....

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

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10. Yoga courses completed, if any: .....

11. Extra-Curricular Activities: .....

12. Subjects of Interest: .....

13. Any other information you wish to give in support of your application

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14. Write a note describing reasons for joining this course

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I have gone through the prospectus and instructions. I hereby agree to abide by all the rules and regulations of DDE, 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:

- i. Two Passport Size Photographs (SIX for non-Indians)
- ii. Attested marks card from High School (10th Standard) to highest examination passed
- iii. Attested copies of University Certificates
- iv. Copy of Passport and Visa (for non-Indian Nationals)
- v. Health / Fitness Certificate

**For Office Use**

Receipt No.: ..... Date of receipt: .....

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

Registration No.: .....

Remarks: .....