

# APPLICATION FORM

<b>Post Applied for</b>
<b>Yoga and Physical Fitness Volunteers</b>

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<b>Name</b> नाम	
<b>Father Name</b> पिता का नाम	
<b>Mother Name</b> माता का नाम	
<b>Gender</b> लिंग	
<b>Date of Birth</b> जन्म की तारीख	
<b>Marital Status</b> वैवाहिक स्थिति	
<b>Nationality</b> राष्ट्रीयता	
<b>Aadhar Number</b> आधार संख्या	
<b>Correspondence Address &amp; Contact Details</b> पत्राचार पता और संपर्क विवरण	
<b>Category</b> श्रेणी	
<b>Physically Handicapped</b> शारीरिक रूप से विकलांग	
<b>Social Reservation</b> सामाजिक आरक्षण	
<b>Are you Domicile of Haryana a State</b> क्या आप हरियाणा राज्य	
<b>Knowledge of Hindi Sanskrit up to Metric standard</b>	
<b>Sports type Details</b> खेल प्रकार विवरण	

**Qualifying Examination**

<b>Education</b>	<b>University/Board Name</b>	<b>Passing Year and month</b>	<b>Marks Obtained</b>	<b>Total Marks</b>	<b>Percentage</b>
<b>Class 10<sup>th</sup>(Mandatory)</b>					
<b>12<sup>th</sup> /10+2</b>					
<b>Diploma</b>					
<b>Graduation</b>					
<b>Post Graduation/ Master Degree</b>					
<b>Other Certificate</b>					

Details of competence standard level 1 Yoga Teacher Certification by QCI under voluntary Certification of YOGA Professionals scheme of Minister of AAYUSH, GOI.

**CERTIFIED THAT ABOVE PARTICULARS ARE CORRECT TO BEST OF MY KNOWLEDGE AND BELIEF. NECESSARY SUPPORTING DOCUMENTS DULY AUTHENTICATED HAVE BEEN ATTACHED**

Date:

Signature