

APPLICATION FORM

Post Applied for
Yoga and Physical Fitness Volunteers

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

Qualifying Examination

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

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