

Registration No. _____

(To be filled by the Office)

INDIRA GANDHI INSTITUTE OF PHYSICAL EDUCATION & SPORTS SCIENCES

(UNIVERSITY OF DELHI)

B-Block, Vikaspuri, New Delhi – 110018

CERTIFICATE COURSE IN YOGA EDUCATION

(SELF FINANCING COURSE)

APPLICATION FORM

To

The Course Co-ordinator
Certificate Course in Yoga Education
Indira Gandhi Institute of Physical Education & Sports Science,
B- Block Vikaspuri,
(University of Delhi),
New Delhi-110018

Affix your Recent
Passport Size
Photograph

Sir,

I have carefully gone through the prospectus of the Certificate Course in Yoga Education and wish to apply for this course.

1. Name (in capital letters).....

2. Occupation.....

3. Address

a) Present Postal Address (with pin code and phone no.)

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E-mail Address:-.....Mobile No.....

b) Permanent Address (with pin code and phone no.)

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4. Male/ Female_____

5. Date of Birth_____

6. Nationality_____

7. Married/Unmarried_____

8. Height_____ (cms), Weight_____ (kgs.)

9. Usual Diet: Vegetarian/Non-vegetarian_____

10. Please mention your T-Shirt size (In Inches)_____

11. Details of Educational Qualification (Attach the Self attested Photocopies of Certificates through Email i.e. igipess.delhiuniversity@gmail.com)

S. No.	Examination Passed	Board/University	Division % of Marks	Year of passing

12. Fee should be deposited through **NEFT/ RTGS** only.

Bank Detail:- **Vijay Bank, Branch**, New Krishana Park,
A/C No: **601301010019206**, IFSC Code: **VIJB0006013**
M/S: **College Development Fund**.

(Note: Please attach the RTGS / NIFT Receipt along with all documents through email)

DECLARATION OF THE CANDIDATE

I _____ hereby declare that I do not suffer from any chronic illness and/ or temporary/permanent disability/ailment which could hamper/aggravate in during, my pursuing the yoga course. However, if during the course it is found that I am medically unfit I will be solely responsible for the same. I also understand that in such case I am liable to be removed from attending the course further and no refund will be made.

I hereby solemnly affirm that the statements made and information furnished by me in the application form is true and correct. Should it however be found that any information furnished therein is fraudulent, incorrect and untrue, my selection and admission to the course is liable to be cancelled.

I do hereby undertake to abide by the rules of disciplines and conduct. I agree that if I am found not obeying these rules by the authorities concerned, I may be removed from the course and no refund of any kind will be admissible to me.

I shall present myself for an interview along with the original certificate, as and when required.

Place:

Date:

Signature of the Candidate