

**AATMABODH ACADEMY OF YOGA**  
**AYURVEDA NATUROPATHY HEALTH SCIENTIFIC RESEARCH CENTRE**  
**ADMISSION FORM – DIPLOMA COURSE IN YOGA, AYURVEDA, NATUROPATHY**

Photo

**(Please fill the form using only capital letters)**

**NAME: DR./MR./MRS/MISS:** \_\_\_\_\_

**First Name                      Middle name                      Surname**

**DATE OF BIRTH:** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Tele (resi)** \_\_\_\_\_ **(office)** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **mobile no** \_\_\_\_\_

**Present occupation (mention clearly the nature of your job activity and designation)**

**Address of your working place or your college:-**

**Educational qualification:** \_\_\_\_\_

**Yogic training acquired before (mention the name of training center)**

**PLEASE WRITE YOURNAME IN CAPITAL AS YOU WANT IT TO BE ON YOUR CERTIFICATE:**

**DECLARATION:** I have carefully gone through the prospectus of the **CERTIFICATE COURSE IN PRANAYAMA** conducted by the **AATMABODH ACADEMY OF YOGA**. I do hereby undertake to comply with rules and regulations of the Institute and also to accept the changes in these rules or in the curriculum of the course if so made by the Institute during the course period.

**DATE:** \_\_\_\_\_

**SIGNATURE OF APPLICANT**

**Instructions for the candidate:-**

- The application form should be complete in all respects.
- The photocopy of the educational qualifications. Without photocopies the form will not be accepted.