



All India **N**aturopathy and **Y**oga Education Council

EXAMINATION FORM

Session.....

Date.....

All entries must be filled by the candidate himself/herself in CAPITAL letter. Put \checkmark for Yes or X for No and NA where Not applicable in the box.

ENROLLMENT No.

Course Applied For

Paste the Recent passport size photograph Attach 2 photographs

(As entered in Secondary/Senior Secondary Certificate)

Signature of Candidate

Name of Candidate

Father's Name

Mother's Name

Date of Birth Gender-- Male Female

PERMANENTADDRESS

City_____ State_____ Ph.No._____

Mob._____ E-mail_____

Name of Collage

Nationality Indian Other _____ (Specify Country name)

Category General OBC SC ST

Details of previous Examination Passed from other Board/University (Enclose Duly Attested/Self Attested Photocopy of a previous year passed Mark Sheet)							
S. No.	Name of Exam	Roll No.	Year of Passing	Mark Obtained	Name of Board	Total Marks	Percentage

Declaration by the Applicant

I have read and understood the rules and regulation of the council and satisfied myself that I fulfill the eligibility condition as laid down in the prospectus. I have furnished necessary information/document(s) correctly I shall submit any other document(s) that may be required in the future. I understand that my candidature is liable to be cancelled by the All India Naturopathy Yoga Education Council/document(s) submitted herewith is found incorrect or misleading. Further, the Council has full authority to take appropriate action which shall be acceptable to me. In further also, if any information submitted by me is found incorrect, the Council has the authority to cancel the Certificate at anytime.

Date ____/____/_____(DD/MM/YY)

Signature of a Candidate (In Running Writing)

Certified that the document produced and verified by the student, as given above have been re-verified and stamped by the undersigned and are correct. I am responsible for any discrepancies in the details given above.

Certified that the candidate has signed the form in my presence.

Date ____/____/_____(DD/MM/YY)

Signature of Head with Seal

Instructions

1. Admission form found incomplete in any circumstances cannot be accepted.
2. Suppression of Furnishing of any false information by a candidate will lead to immediate can collation of his/her form.
3. There is no refund any circumstances.

Name of Candidates_____

Father's Name_____

Mother's Name_____

Postal Address _____

PinCode_____Phone No._____

Affix
recent
Passport
size
photo

Signature of Candidate