

## **DECLARATION FORM**

1. I have read and understood the rules and regulation of the council and satisfied myself.
2. I have furnished necessary information/ document(s) correctly. I shall submit any other document(s) that may be required in the future.
3. I understand that my registration 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.
4. If any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

Name: - .....

Father's name: -.....

Mother's name: -.....

Police Station: -..... Tahsil: -.....

District: -..... State: -.....