



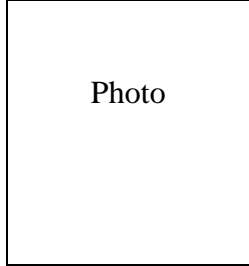
DR.B.R.AMBEDKAR UNIVERSITY-SRIKAKULAM
ETCHERLA, SRIKAKULAM, ANDHRA PRADESH-532410

Application for admission in to Yoga Certificate Course / Diploma Course: 2015 - 16

1. Name of the candidate : _____
2. Date of Birth and age : _____
3. Name of the Parent/Guardian : _____
4. Native Address : _____

5. Address for Communication : _____

6. Present Occupation : _____
7. Previous Experience in Yoga(if any): Yes / No (✓ the relevant one)
8. Mobile No and e-mail. ID : _____
9. Educational Qualification(Passed) : _____
(Inter/Degree/PG/Professional)
10. Percentage of Marks/Grade Points: _____
in the qualifying examination
11. Application Fee particulars : DD No. _____ Date _____
Bank _____



I hereby declare that the information submitted above is true.

Signature

Date :

Station: