



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

Application for admission in to Yoga Certificate Course / Diploma Course: 2016 - 17

1. Name of the candidate	:	_____	Photo
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	:	YES/NO	
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 am hereby declare that the information submitted above is true.

Date :

Signature

Station: