



Academic Year 2017-2018

CERTIFICATE COURSE IN YOGA EDUCATION

Admission Form

Photo

* Name of the Candidate :- _____

* Permanent Address :- _____

* Present Address :- _____

* Category :- _____ * Date of Birth :- / /

* Contact No. :- * Mobile :- * Resi.:-

* E-mail Id :- _____

* Educational Qualification :-

Sr. No.	Qualification	Board / University	Passing Year	Percentage / Grade
01.	S.S.C.			
02.	H.S.C.			
03.	Graduate -			
04.	Post Graduate -			
05.	Any Other -			

Signature & Name

Date :- / / 2018

Along with application form Attached following Documents :-

Checked & Approved

- ❖ H.S.C. Marksheet/Certificate copy
- ❖ Medical Certificate (MBBS / MD Doctor)
- ❖ Identity Proof Copy (Aadhaar Card / Driving License / Voting ID)
- ❖ *Identity Card copy and Original Bonafide Certificate
 (*Only those Students who admitted in Savitribai Phule Pune University Department or Its Affiliated Colleges)

Course Co-ordinator Signature
 Name :- _____
 Date :- / / 2018

For Office Use Only

❖ Sr. No. :- _____ ❖ Category :- A / B ❖ Sub-Category :- A-1 / A-2 / B

❖ Bank :- Bank of Maharashtra ❖ Branch :- University Campus ❖ MLC No. :- _____

❖ Course Fee :- ₹ _____ ❖ Fee Paid Date :- _____ ❖ Fee Challan No.:- _____

Office In-charge Sign

Head of the Department