



Academic Year 2018-2019
CERTIFICATE COURSE IN YOGA EDUCATION
Admission Form

Photo

- χ **Name of the Candidate :-** _____
- χ **Permanent Address :-** _____

- χ **Present Address :-** _____

- χ **Category :-** **Open/SC/ST/VJ/NT/OBC/SBC** ⊥ **Date of Birth :-** / /
- χ **Contact No. :-** ⊥ **Mobile :-** _____ ⊥ **Resi.:-** _____
- χ **E-mail Id :-** _____
- χ **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 :- / / 2019

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 :- / / 2019

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. :- **110166**

⊖ Course Fee :- **₹ 5,155/- / ₹ 10,155/-** ⊖ Fee Paid Date :- _____ ⊖ Fee Challan No.:- _____

Office In-charge Sign

Head of the Department