



PRICE : Rs. 30/-

Form No. :

**SAVITRIBAI PHULE PUNE UNIVERSITY**  
(formerly University of Pune)  
**Certificate Course in Yoga Education (C.C.Y.E.)**  
**May, 2020 Examination**

To,  
**The Director,**  
**Board of Examination & Evaluation,**  
Savitribai Phule Pune University, Pune – 411007

Sir,

I request permission to present myself at the ensuing Examination to be held in May, 2020 at the Department of Physical Education, Savitribai Phule Pune University, Pune for the Certificate Course in Yoga Education (C.C.Y.E.).

1. Name in Full : .....  
(in CAPITAL LETTERS) Surname Name Father's / Husband's Name
- मराठीमध्ये नाव : .....  
आडनाव नाव वडिलांचे / पतीचे नाव
- Mother's Name : ..... आईचे नाव : .....
2. Male or Female : Male  Female
3. E-mail Id : .....  
**Note : You will receive exam related information on this Email Id only.**
4. Mobile No. : .....  
**Note : You will receive exam related information on this Mobile No. only.**
5. Permanent Address : .....  
.....  
..... Pin Code : .....
6. Date of Passing & Percentage of }  
H.S.C. Examination of Maharashtra }  
State Board or Equivalent } .....
7. Name of the Department : .....
8. Regular Student or Repeater: ..... Seat No. (for Repeater Student only) .....
9. Total No. of Course/s :

Examination Fee	: Rs.
CAP Fee	: Rs.
Statement of Marks Fee	: Rs.
Passing Certificate Fee	: Rs.
Exam Form Fee	: Rs.
Late Fee	: Rs.
<b>Total Fee paid</b>	<b>: Rs.</b>

## 10. Declaration :

- a. I hereby declare that I have gone through the syllabus and the list of books for the Examination.
- b. I shall be responsible for any errors and wrong or incomplete entries made by me in the form.
- c. I shall not request for any special concession such as a change of name, time or day fixed for the University Examination etc. on religious or any other ground.

Date :

Signature of Candidate

Course	Course Title	Internal	External	Total
<b>Part - I</b>				
Course YE-01	Traditional Yoga	20	80	100
Course YE-02	Yoga & Wellness	20	80	100
Course YE-03	Anatomy and Physiology of Yogic Practices	20	80	100
Course YE-04	Teaching Practices in Yogic Science	20	80	100
<b>Total :</b>		<b>80</b>	<b>320</b>	<b>400</b>
<b>Part - II</b>				
Course - Practical	Practical Training in Yoga	100	100	200
<b>Total :</b>		<b>100</b>	<b>100</b>	<b>200</b>

Note :

1. A student has to obtain minimum 40% of marks in each theory paper & 50% of marks in aggregate i.e. Part-I examination.
2. A student has to obtain 50% of marks in practical examination separately i.e. Part- II.
3. A student has to obtain 50% aggregate marks together in Part -I & Part -II
4. No change of exemption in the subject claimed in the above column will be entertained after declaration of result.  
Total Exam of 600 marks.

Date :

.....  
**Signature of Candidate**

***Certificate to be signed by the Head of the Department***

I certify that Shri./Smt. .... has attended three months Certificate Course in Yoga Education (C.C.Y.E.) from ..... 20..... to ..... 20..... in the Department of Physical Education, Savitribai Phule Pune University, Pune, to my satisfaction.

1. I also certify that Shri./Smt. .... has satisfactorily kept the requisite terms & completed the prescribed course of practical work.
2. He / She is to the best of my knowledge and belief, a person of good conduct and has my permission to appear for the examination for the degree of Certificate Course in Yoga Education (C.C.Y.E.)

Seal & Signature : .....

Date:

**Head, Dept. of Physical Education, SPPU**