



‘KAYAKALP’
HIMALAYAN RESEARCH INSTITUTE FOR YOGA & NATUROPATHY
VIVEKANAND MEDICAL RESEARCH TRUST

Passport
photograph
duly attested
by the
Gazetted
Officer

APPLICATION FORM YOGA WELLNESS INSTRUCTOR (YWI)

Reg. No.

1. Full Name :
(As per Certificate)
2. Father/Husband Name :
3. Date of Birth :
4. Correspondence Address :
.....
Pin.....Contact No...../.....
5. Permanent Address :
.....
Pin.....Contact No...../.....
6. Nationality :

7. Eligible qualification : **10+2 in any discipline, BA, B.Sc.**

Examination	Name of board/University	Name of school	Year of Passing	Total Marks	Marks obtained	%age

8. Height..... Weight..... BMI (Body Mass Index) = Weight in kg/Height in m²
9. Experience if, any :
10. Documents/ certificates attached: Yes/ No (According to terms and conditions)
11. Mode of Education: Residential/ Non Residential (Tick Mark)
12. Learning Language : English/ Hindi (Tick Mark)
13. Declaration by the Candidate:

I hereby solemnly declare that all statements in the above application form are true and correct to the best of my knowledge and belief.

(Signature of candidate)

Place:

Date:

Application verified by (accepted/ rejected)

Note: 1. Application form can be downloaded from our website www.kayakalppalampur.in
2. Registration fee Rs. 100/- in cash or through DD payable at PNB, Palampur
3. Please read terms and conditions carefully before filling up the application form