

	Registration Form		
Date	Day		
To, The Chairman			Photo
	y & Yoga Education Counci	il	
Application for Regist	ration of Diploma/degree in	l	
Name	······		
Father Name		· · · · · · · · · · · · · · · · · · ·	
Mother Name			
Date of Birth			
Permanent Address .			
	_		
	StatePIN		
	E-mail ID		
Name of Training Cer	nter		
Month & year of pass	sing Degree/Diploma		
Encl -		Signat	ture of Candidate
	ma/Degree Cou &se ertificate)	
10 and (10+2) Mark	sheet & Certificate		
NOC from Institute			
Address Id Proof			
Passport Size Photo)		
	FOR OFFICE USE O		
. Registration Fee			
Receipt No	Date		
3. Regi	istration No		