

BHAIKAKA UNIVERSITY

Karamsad



IW No: _____

Date: _____

Sign: _____

Please tick appropriate field below:

1	Diploma in Yoga	
2	Certificate Course in Yoga for Holistic Health	

Affix Resent
Passport Size
Photograph

For more information please contact :

Dr. Manisha Gohel, [Co-ordinator]

Ph. 02692 – 228535

APPLICATION FORM

Student's Name : _____
Name Name of Father/Husband Surname

Permanent Residential Address : _____
Pin Code No. _____

Correspondence Address : _____
Pin Code No. _____

Taluka : _____ State : _____ District : _____

Mobile No : _____ Email ID : _____

Gender : Male/Female Aadhar Card No. : _____ Nationality : _____

Date of Birth : ____ / ____ / ____ Age : _____ Blood Group : _____

Educational Details :

Sr. No.	Subject	Board/ University	Percentage	Year of Passing
1				
2				
3				
4				

Do you have any physical problem or disease ? YES / NO

If YES, please mention name of physical problem or disease & mention name of Medicines : _____

Write your Experience about Yoga, if any _____

UNDERTAKING

I accept all the terms/ conditions & rules/ regulations applicable to this course and I will abide by all the disciplinary policies of the Bhaikaka University.

Date : _____

Signature of Candidate : _____

Kindly Attach Photocopies of :

(1) Aadhar Card (2) 10th / 12th Mark Sheet (3) Degree Certificate

FOR OFFICE USE ONLY _____

Students Admitted / Not Admitted

Date : _____

Co-Ordinator: _____