Maharshi Patanjali Institute for Yoga Naturopathy Education & Research Gujarat Ayurved University

Yoga Kendra, Ayurved Campus, Jamnagar – 361 008.

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Adm	ission Form	for:		Sr. No.				
1] P.	G.D.Y.N.	2] D.Y.N.	3] C.Y.Ed.	Issue Date:				
Instru	action :	2] Incomp 3] Provide	olete forms are e attested copi	oplicant in BLOCK e liable to be rejecte es of the certificates g this form	d. s where nece			
01] Fu	ull Name :							
02] Pr	esent Addre	Surname ess:		Name	Father's /		's name ———	
03] Pe	ermanent A							
04] Date of Birth:05] Place of Birth:06] Age (on 30.06.02):07] Marital Status:								
(i)	If not Indian		m SAARC Co	ounrty?				
09] Guardian's Name (Absence of Father / Husband):								
10] Guardian's Relation with applicant (if any):								
11] N	ame of the I	nstitution atter	nded Lastly :_					
12] A	cademic Car	rrier :						
Sr.		xamination eat No.	Board /	Year & Month	Marks Obtained Atte		Attempt	
	willi S	eat No.	University	of Passing	1 Otal	70		
13] O	ther particul	ars if any						
14] Fo	(2) Expi	e of Viza : ry date of Viza	a:	G.A.U.? (Yes/No):_				
Date : Place								
					Signature	of the Ap	plicant	

<u>Indemnity Bond</u>							
In the case of getting an admission for course. I hereby solemnly affirm that the rules and regulations regarding administration of the hospital and college, prevailing at present and those which will be amended hereafter shall be abiding me and during the course of my study, I shall not be engaged directly or indirectly whatsoever in any kind of activities, which are against the rules, regulations and discipline of the institution. I shall remain regular in presence and punctual in allotted duties and work.							
Date : Place:		ant					
	Parental Bond						
I hereby affirm that my Son / Daughter / Guarded shall regularly remain present and participate in educational activities strictly follow the rules and regulations of the institution and his / her behavior shall remain according to the discipline and prestige of the institution If his / her behavior happens to be going against the disciplinary norms, I will be responsible for all actions which would be taken against his / her.							
Date : Place:							
	Signature of the Applic	ant					
	For office use Bond						
Form Received on_	by						
Original Certificate	es verified						
Admission eligible	/ Not eligible.						
Category :	GAU Student GAU Staff / Family Open Category Foreigners Students Clerk						
	ADMISSION GRANTEDE / NOT GRANTED						
	Authority						
	RECEIPT						
	Form No.: e :						
Your Interview Date : Time : Time :							
Maharshi Patanjali Institute							
For Yoga – Naturopathy Educaiton And Research Yoga Kendra, Ayurved Campus, Jamnagar							
Signature of the Applicant							

 $\textbf{Note:} \ All \ original \ Certificates \ \& \ Testimonials \ etc., \ should \ be \ represented \ at \ the \ time \ of \ the \ interview$