



!! सर्वे भवन्तु सुखिनः !!

ISO 14001:2015

# योगेश्वर ग्रुप ऑफ योगा एडुकेशन

भारत सरकार द्वारा मान्यता प्राप्त  
www.ygye.org

Place

**Student Form**

Date

Reg. Student Roll No.  Office Use Only

Course Name

**Name (In CAPITAL Letters)**

First Name

Middle Name

Last Name

Father's/Husband's Name

Mother's Name

Date of Birth         Mobile No.

Permanent Address

State

District

Country

Pin Code

Category General  SC  ST  OBC  Divyang

Gender Male  Female  Religion H  M  S  O

Current Study of School/College Name

## EDUCATIONAL QUALIFICATION

Level of Education	Percentage/Division	Area of Study	Passing Year
High School	-----	-----	-----
Intermediate	-----	-----	-----
Graduation	-----	-----	-----
Post Graduation	-----	-----	-----
Other	-----	-----	-----

Training Center Name:-

Training Center Code:-

**Declaration:-** I.....declare that I have read and understand the rules and regulations. I voluntarily desire to get the admission in the institution.

Student Sign.