

Swami Vivekananda Yoga Anusandhāna Samsthāna

(declared as Deemed-to-be University under Section 3 of the UGC Act, 1956)

Ekmath Bhavan, No:9, Kempegowda Nagar, Bangalore - 560 019, India
Ph: 26612669, Tel.Fax: 26608645, Email: svyasa@svyasa.org, Web: www.svyasa.org



Pass port
size Photo

Master of Sciences MSc (Yoga and Consciousness) (Residential Course)

NO:

Instructions for filling up of application form

i) Please fill in capital letters, ii) Between the words leave one box blank

Batch starting: August 20__

1. Name: Sri Dr Smt Kum

2. Date of Birth: Sex: M F Marital Status: Single Married

3. Nationality:

4. Address:

5. Postal Code/ Zip Country:
Telephone Fax
E-mail

6. Name of Father/ Guardian

7. Qualification (10th std & above)	Course	University/ Institute & place	Year of Passing	% of Marks

8. Present Occupation

Website

9. For Foreign Nationals/NRI's

* Passport No.
* Visa No.
* Date of issue Valid upto
* Place of issue (Country)

10. a) Health status

b) Ailments if any

11. Category SC ST BCM BCT Gen
(Applicable only for Indians)

12. Service projects in which you had participated, if any

13. Yoga courses you have completed, if any

14. Extra Curricular Activities

15. Subjects of your interest/

16. Any other information you want to give in support of your application (*attach separate sheet*)

17. Write a short note (*20 sentences*) as to why you want to join this course (*attach separate sheet*)

18. Synopsis for PhD Thesis to be submitted (*only for PhD candidates*) as per format.

I have gone through the prospectus and instructions. I here by agree to abide by all the rules and regulations of SVYASA.

Date:

Place:

Signature of Candidate

Following documents to be submitted with application form

- i. Two passport size photos
- ii. Attested marks card from SSLC (10th Standard) to the highest examination passed
- iii. Attested copies of the University Certificate
- iv. If the applicant is from government/ semi. government organization/ Institution, he/she should produce No-objection certificate from the concerned authority.

FOR OFFICE USE

Receipt No..... Date:..... \$/Rs.....

(in words.....)

D.D.No..... Date:.....

Bank Name:.....

Register No.....

Remarks:

Selected/ Not Selected.