



GOSSAIGAON B.ED. COLLEGE

Nepalpara, Habrubil, Gossaigaon, BTR, Assam, 783360

Website: www.gossaigaonbedcollege.org

Email-ID: gossaigaonbedcollege22@gmail.com

Date: _____

APPLICATION FORM FOR THREE MONTH YOGA COURSE

Form No.: _____ (Office use only)

Choose Course (Put ✓ Mark):

THREE MONTH YOGA COURSE

Paste recent
passport
Photo

Fill all the required fields. (All fields are mandatory) *

1. Full Name (In capital letters): _____.

2. Father's Name: _____ . Mother's Name: _____.

3. Present Address: _____ . Permanent Address: _____.

District: _____ Pin: _____ . District: _____ Pin: _____.

4. Date of Birth: _____ . Blood Group: _____.

5. Sex: Male Female Others Status: Married Unmarried Divorced

6. Mobile No.: _____ . Email-ID: _____.

7. Highest Qualification: _____ . Board/University: _____.

Fill enrollment details of the College. *

8. Course Enrolled: _____ . Semester: _____ . Roll No.: _____ . Session: _____.

9. Documents required (self-attested): 1. College ID Card. 2. Photo ID proof (Aadhar Card/Voter ID Card)
3. Any relevant documents available

10. Undergone any minor or severe surgery. Yes/No (If yes please mention) _____.

11. Are you patient of any disease? Yes/No (if yes please mention) _____.

Declaration

I, do hereby undertake that I shall pay the course fee as per the rules and declare that all the information given above is correct and complete to the best of my knowledge. If any of the above information is found to be incorrect, my admission will be liable to be cancelled and shall be liable to disciplinary action as may decide upon by the Gossaigaon B.Ed. College.

Signature of the Applicant

For office use only

Course Enrolled in: _____ Remarks: _____.

Allowed/Not Allowed

Signature:

Dr. Alangbar Swargiary, Lecturer,
Gossaigaon B.Ed. College
Program Director Cum Demonstrator, Yoga Centre

Date: _____

Signature:

Dr. Ajit Boro, Principal,
Gossaigaon B.Ed. College
Founding Director, Yoga Centre

Date: _____