

Form No. Submission No.

GOSSAIGAON B.ED. COLLEGE

NAAC ACCREDITED GRADE B
 Recognised under section 2(f) & 12B of the UGC Act, 1956
 Habrubil, P.O. Gossaigaon
 Dist- Kokrajhar (BTR) Assam, PIN – 783360

APPLICATION FOR 3-MONTH YOGA COURSE EXAMINATION

For the Session:

Name of Study Centre			
Name of Exam. Centre			
Year of admission		Batch	

Photo of the candidate

Name of candidate (IN BLOCK LETTERS)			
Father's Name			
Mother's Name			
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>
Religion			
Caste			
Date of Birth (dd/mm/yyyy)			
Nationality	Indian <input type="checkbox"/>	Foreigner <input type="checkbox"/>	
Full Address	Vill/Town:.....		
	P.O.:.....P.S.:.....		
	Dist.:.....		
	State:.....PIN:.....		
	E-Mail ID:.....		
	M.No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Details of Examination fee remitted:

Offline Mode (Cash)		Online Mode (UPI)	
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Declaration:

I hereby declare that the details furnished above are correct.

Date :

Signature of the candidate

Place :

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Signature
 Program Director Cum Demonstrator
 Yoga Training Centre
 Gossaigaon B.Ed. College
 (With Seal & Date)

Signature
 Principal & Founding Director
 Yoga Training Centre
 Gossaigaon B.Ed. College
 (With Seal & Date)