



**KUMAR BHASKAR VARMA SANSKRIT & ANCIENT STUDIES UNIVERSITY, NALBARI**  
**APPLICATION FORM**  
**CERTIFICATE COURSE IN YOGIC SCIENCE**

1. Name of the candidate in full :  
(in BLOCK letter)
2. Father's / Husband's Name-
3. Mother's Name-
4. Date of Birth-
5. Age as on 1<sup>st</sup> January, 2019-  
(Age proof certificate must be enclosed)
6. Gender- (please tick) Male / Female
7. Is there any Physical deformity?
8. Are you suffering from any illness at present?
9. Postal address in full:  
Name-  
Father's / Husband's Name-  
Village/ Town- Ward No/ Road No.-  
Post Office- District-  
State- PIN-
10. Name of the Institution where studying -
11. Name of the examination passed -
12. Year of passing-

The above mentioned statements are true to the best of my knowledge and belief. I will be held responsible for any incorrect or false statement which may cause any future harm to my health or which may lead to any inconvenience to the University authority.

.....  
Full signature of the candidate  
With date.

.....  
Signature of Yoga Instructor

Provisionally admitted

Documents to be enclosed:

1. H.S.L.C. Admit Card
2. H.S. Passed Marksheet

Registrar  
KBVS&AS University