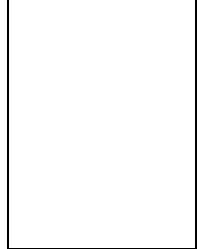


**Centre for Vedanta Studies
University of Kerala, Kariavattom 695 581**

CERTIFICATE COURSE IN YOGA



APPLICATION FORM

Name :

Date of Birth :

Office Address :

Residential Address :

Educational Qualification :

(attach copy of Pre-degree certificate)

Previous Experience in Yoga :

D.D No & Date :

I hereby declare that the details given above are correct and I shall abide by the rules of the university

Place:

Date:

Application No:
(office use)
Signature

Signature