



अखिल भारतीय योग एवं प्राकृतिक चिकित्सा परिषद®

ALL INDIA YOGA & NATURE CURE COUNCIL

Delhi Office : 3385 Mahindra Park (Ranibagh), Delhi-110034

National ADMN. Office : E-113 Sect-I, L.D.A. Colony, Kanpur Road, Lucknow (U.P.) Pin-226012

E-mail : guruji57779@gmail.com

Phone. : 0522-2424213, 09415017779

Admission Form

Paste a recent photo here and attach another one.

APPLID FOR COURSE NAME _____ SEM / YEAR _____

MODE OF DISTANCE EDUCATION PROGRAMES _____

SESSION _____ ENROLL NO. _____ ROLL NO. _____

Sir,

Most respectfully, I bet to state that I want to get my Admission Fees in your Council. Fees: _____

Date: _____ Cash/Bank D.D. No.: _____ Date: _____ in Favour of All India Yoga & Nature Cure Council Lucknow (U.P.) Through Transfer IFSC Code UBIN0559571 A/c No. 595701010050325 Union Bank of India Lucknow (U.P.) India.

1. Name of Student : _____
(In Block Letters)

2. Father / Husband's Name _____
(In Block Letters)

3. Postal Address : _____

Post _____ Distt. _____ State _____

4. Date of Birth: _____ Nationality: _____

Mob.: _____ E-mail: _____

5. Name of Institute : _____

6. Attach Qualification's Detail & Enclose : Attested copies : _____

Name of Exam Passed	Name of University / Board	Roll No.	Year	Subject	Grand Total
High / Matric					
Inter (10+2)					

DECLARATION

I am remitting ₹.: _____ as Admission Fees by D.D. No.: _____ Dated: _____

Drawn Bank from & transfer: _____ I agree with the Constitutional rules and by-laws of the Council and respect its ethics and principals. I certify that all the particulars furnished above, are true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled if my documents or any activities proves misleading and affects the good will of the Council.

Date: _____

(Signature of Student)

FOR OFFICE USE ONLY

Name of Student _____ Father/Husband's Name _____

Received Application on date: _____ ₹.: _____ D.D. No.: _____

Note : Incomplete Form Will Be Rejected Without Any Notice.

Secretary



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EXAMINATION FORM

COURSE NAME _____ SEM / YEAR _____

MODE OF DISTANCE EDUCATION PROGRAMES

SESSION _____ ENROLL NO. _____ ROLL NO. _____

1. Name :

(In Block Letters)

2. Father / Husband's Name :

(In Block Letters)

3. Postal Address : Post

Distt State

4. Date of Birth : Nationality :

Mob.: E-mail:

5. Name of Institute :

6. Attach Qualification's Detail & Enclose : Attested copies :

Name of Exam Passed	Name of University / Board	Roll No.	Year	Subject	Grand Total
High / Matric					
Inter (10+2)					

7. I declare that the above mentioned details are totally correct in any knowledge. Please allow me to appear in examination.

(Signature of Student)

8. Recommendation of Principal

Name of Student

Father/Husband's Name

bears good moral character.

The Examinee has completed all the practicals and theoretical training which is necessary for Course Name _____ So he/She may be allowed to appear in Sem /annual

Examination fee Rs.: _____ has been received by this office which is enclosed as

Bank DD.No. _____ Dated _____ issued by bank Name _____

Date : _____

Sig. of Center Head

Institution Seal

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Registration Form

Date : _____

To,
Registrar/Secretary
All India Yoga & Nature Cure Council
National ADMN. Office : Lucknow (UP) India

Sir,
I, hereby, request that my name and other particulars as mentioned below to be entered in the record registered of All India Yoga & Nature Cure Council. I enclose Registration Fees ₹ 3000 /-
Date : _____ And Other University / Institute Passed Students Registration Fees ₹ 4000 /-
Cash / Bank D.D. No : _____ Date : _____ in Favour of All India Yoga & Nature Cure Council Lucknow (U.P.) Through Transfer IFSC : UBIN0559571 A/c No. 595701010050325 Union Bank of India lucknow (U.P.).

Paste a recent photo here and attach another one.

1. Name :
(In Block Letters)
2. Father/Husband's Name :
(In Block Letters)
3. Postal Address : Post
 Distt. State
4. Date of Birth: Nationality:
Mob.: E-mail:
5. Name of Institute :
6. Attach Naturopathy Qualification's Detail: Passed Year
7. Enclosed Here with :
(i) A copy of my birth certificate/Matriculation/Secondary Certificate/Secondary School Leaving Certificate.
(ii) Attested copies of certificate of the Diploma and Certificate courses as required.

DECLARATION

I am remitting ₹ : _____ as Registration fee by Cash/ Bank D.D.No : _____
Dated : _____ I, agree with the Constitutional rules and by-laws of the Council and respect its ethics and principles. I certify that all the particulars furnished above, are true to the best of my knowledge and belief. I agree that my candidate is liable to be cancelled if my documents or any activities proves misleading and affects the goodwill of the Council.

(Signature of the applicant)

FOR OFFICE USE ONLY

Received Application ₹: _____ Date: _____ Cash / Bank D.D.No _____

Date: _____ Or Transfer UBI Bank : _____ Date: _____ Paid

Registrar Com Secretary