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All India Naturopathy and Yoga Education Council

Registration Form

	Registration Form		
Date	Day		Photo
The Chairman	& Yoga Education Council		
Application for Registration of Diploma/degree in			
Name			
Father Name			
Mother Name			
Date of Birth			
Permanent Address			
District	State	PIN code	
Mobile No	E-mail ID		
Name of Training Cent	er		
Month & year of passing Degree/Diploma			
		Signature of	Candidate
ncl -	/Dames Carres O Carri Gast		
10 and (10+2) Mark	ma/Degree Course & Certificate	.e	
NOC from Institute	Sheet & Gertificate		
Address Id Proof			
Passport Size Photo			
	FOR OFFICE USE ONLY	, -	
Registration Fee			
Receipt No	Date		
Registration No			