

INDIAN INSTITUTE OF YOGIC SCIENCE & RESEARCH (IIYSAR)

Recognition: Department of Culture, Govt. Of Odisha (Order No.597UC-36/08 Dated17th Feb 2009) Affiliation: Utkal University of Culture (Order No.Acad.31/2009 Dated13th July 2009) for imparting M. A. in Yoga.

APPLICATION FORM FOR ADMISSION IN: M.A. (Yoga)

1. Name of the Candidate:								
2. Date of Birth: (Date/Month/Year)								
3. Sex: (Male/Female/Other)								
4. Marital Status: (Married/Single)								
5. Na:	me of Mother:				Occupation			
6. Name of Father:					Occupation			
7. Blood Group:								
8. Religion:								
9. Cast: (General/SC/ST/OBC/Other)								
-	ysical Disability:	(if any)						
	tionality:							
12.Pas	sport No. / Aadha			I				
	Flat/Plot/Qtr. No. :			At:				
13. Present Address :	PO:			PS:				
ddr	City:			Dist.:				
13. It A	State:		PIN:		Country:			
sen	Mob (Whats App) :			Alternative contact no:				
Pre	Email:							
	Emergency Contact Mob. No:				Relationship:			
	Flat/Plot/Qtr. No. :			At:				
ent ss:	PO:			DC.				
14. ermane Addres	PO: City:			PS: Dist.:				
14. Permanent Address:	State:			PIN:				
	Country:			1 11 N.				
	country.							

15.Details of Academic Career:									
Examination Year Board/ Council/		Division/	ı/	Details of Marks					
Passed		University	Grade		<u> </u>	1			
					Marks		Full		centage
			_	50	ecured	_	Marks	of .	Marks
H.S.C. or									
Equivalent									
+2 or									
Equivalent									
Graduation									
Post-									
Graduation									
M.Phil. /									
Ph.D./ D.Lit.									
16 Voga	 and Nat	una Cuma Exmania	ncoc (if on) .					
10. 10ga	anu mau	ure Cure Experie	nces (ii an	y):					
17 1/ 10 000	1.1	En allaha (T	() () ()	、					
17.Know	leage of	English: (Fluent,	/Average/Poo	r)					
18.Are y	ou emple	oyed? (Y	es/No)						
19.Prese	nt/ Past I	Medical History	this information	will improv	ve vour hea	lth t	hrough Yog	if adm	itted):
19. Present/ Past Medical History (this information will improve your health through Yoga, if admitted):									
20.Do yo	u have a	ny criminal ante	cedents? (Yes/No)					
21.Proposed Residence: (Hostel/Own arrangement)									
ZITTOPOSCU INCSTUCTICE. (110ster/ Own attaligement)									
22. Attachment Check list:									
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				✓		*(Fo	or official	use on	ly)
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xv. DD or Pay	1 Copy of Rs. 300/-			>					

23	: Tick the right answer of the followings \checkmark				
a.	This Gurukul Institution is running with the adaption of certain rules and regulations for the better				
а.	educational environment. Will you able to follow those rules with spontaneity?				
	\square YES. \square NO.				
h	Yoga is a very serious subject and hence it will require complete dedication towards the study and				
υ.					
	time table. Will you dedicate towards this goal?				
C	Are you physically and mentally prepared to undergo this course of study?				
C.	YES. NO.				
d.	You are required to have cordial relationship with all your fellow students, faculties and				
u.	administrators. Will you able to follow it?				
	$\square \text{ YES.} \square \text{ NO.}$				
e.	You may require participating in various activities conducted by the institute as the part of the				
0.	curriculum (Like Red Cross, NSS, Seminars, Conferences and etc.). Will you be able to				
	participate within short notice?				
	YES. NO.				
f.	No intoxicant is allowed inside the Institute premises. Any one held using any kind of intoxicant				
1.	shall be dealt as per law. Will you abide by this?				
	$\square \text{ YES.} \square \text{ NO.}$				
g.	Peaceful environment of the institute should be maintained at any cost. Do you agree with this?				
5.	\square YES. \square NO.				
h.	Anyone found indulged in any sort of illegal activities shall be dealt as per law. Do you agree				
	with this?				
	\Box YES. \Box NO.				
i.	Are you ready to achieve minimum 75% attendance?				
	YES. NO.				
j.	Would you be able to make "Yoga" an integral part of your life?				
	\Box YES. \Box NO.				
k.	Would you like to spread Yoga for the betterment of the Society& the World?				
	☐ YES. □ NO.				
1.	Karma Yoga (selfless service) of 30 minutes and Prayer for 30 minutes will be conducted daily?				
	Would you like it?				
	YES. NO.				
	Declaration				
	Declaration				

I..... hereby declare that the information given by me in this application is true &correct to the best of my knowledge. The management of IIYSAR holds all the right to cancel the admission if any irregularity subsequent noticed.

Full Signature of the Guardian	Full Signature of the Applicant
Date:	Date: