

## 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. Na	me of the Candidat	te:					
2. Date of Birth: (Date/Month/Year)							
3. Sex: (Male/Female/Other)							
4. Marital Status: (Married/Single)							
5. Na	me of Mother:			Occupation			
6. Na	me of Father:			Occupation			
7. Blood Group:							
8. Religion:							
9. Cast: (General/SC/ST/OBC/Other)							
	ysical Disability: (	if any)					
	tionality:						
12.Pas	sport No. / Aadhaa		1				
	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 Contac	ct Mob. No:		Relationship:			
	Flat/Plot/Qtr. No	.:	At:				
nent ss:	PO:		PS:				
14. ermanen Address:	City:		Dist.:				
14. Perman Addres	State:		PIN:				
	Country:						

15.Details of Academic Career:										
Examination	Examination Year Board/ Council/		Division/	/	Details of Marks					
Passed		University	Grade							
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				Seci	ıred	M	arks	Marks	/CGPA	
H.S.C. or										
Equivalent										
+2 or										
Equivalent										
Graduation										
Post-										
Graduation										
M.Phil. /										
Ph.D./ D.Lit										
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10.10g	i allu Inat	ure Cure Experie	nces (II all	y):						
17.Kno	wledge of	English: (Fluent/	Average/Poo	r)						
18.Are	you empl	oyed? (Ye	es/No)							
10 <b>P</b> roc	ant/Dact ]	Madical Uistory	(							
19. Present/ Past Medical History (this information will improve your health through Yoga, if admitted):										
20 Do -	an harro		and ambod of							
20.D0 y	ou nave a	ny criminal ante	cedents: (	Yes/No)						
21.Proposed Residence: (Hostel/Own arrangement)										
22.Attachment Check list:										
*Self-attested Copy of Time of Application Time of Admission							n			
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xv. DD or	xv. DD or Payment Receipt					r	of Rs.	40,000/-		

23	: Tick the right answer of the followings $\checkmark$
0	This Gurukul Institution is running with the adaption of certain rules and regulations for the better
a.	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
0.	
	time table. Will you dedicate towards this goal?
C	Are you physically and mentally prepared to undergo this course of study?
0.	YES. NO.
d.	You are required to have cordial relationship with all your fellow students, faculties and
	administrators. Will you able to follow it?
	$\square$ YES. $\square$ NO.
e.	You may require participating in various activities conducted by the institute as the part of the
	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
	shall be dealt as per law. Will you abide by this?
	$\Box$ YES. $\Box$ NO.
g.	Peaceful environment of the institute should be maintained at any cost. Do you agree with this?
	YES. NO.
h.	Anyone found indulged in any sort of illegal activities shall be dealt as per law. Do you agree
	with this?
	$\bigcup \text{ YES.} \qquad \qquad \bigcup \text{ NO.}$
i.	Are you ready to achieve minimum 75% attendance?
;	YES.   Would you be able to make "Yoga" an integral part of your life?
J.	$\square$ YES. $\square$ NO.
k	Would you like to spread Yoga for the betterment of the Society& the World?
	$\square$ YES. $\square$ NO.
1.	Karma Yoga (selfless service) of 30 minutes and Prayer for 30 minutes will be conducted daily?
	Would you like it?
	YES. NO.
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	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: