



# ALL INDIA NATUROPATHY & YOGA EDUCATION COUNCIL

CH. NO.157/1, NEAR LAXMI NAGAR METRO STATION GATE NO 1, VIKASHMARG DELHI-92  
Web: - <http://www.naturopathyandyogacouncil.com/> Mail: - [naturopathyandyogacouncil@gmail.com](mailto:naturopathyandyogacouncil@gmail.com)

## ENROLLMENT FORM-2020-2021

Date: - .....

Day: - .....

Course Applied For: - .....

1. Candidate Name .....

2. S/o, D/o, W/o .....

3. Mother's Name .....

4. Date of Birth .....

5. Gender .....

6. Nationality .....

7. Address .....

8. Contact No. .....

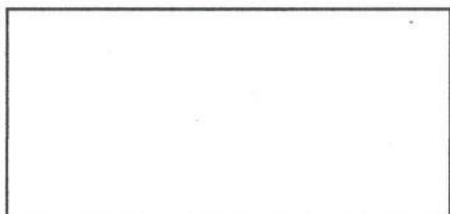
9. Category Gen, OBC, SC, ST, Other (Specify) .....

10. Email Id .....

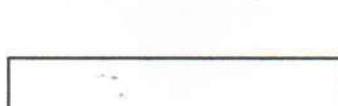
11. Qualification:-

S. No.	Examination	Board/Uni.	Year of Passing	Mark Obt.	% of Marks

12. Declaration: - I have read and understood the rules and regulations of the All India Naturopathy & Yoga Education Council and I agree with that I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case anything is wrong I should be held responsible for that I shall submit any other document(s) that may be required by the Council in Future.



Institute Seal/Sign



Signature of Candidate