



# Bihar Yoga Bharati

Institute of Advanced Studies in Yogic Sciences

Processing No.:

.....

## APPLICATION FORM

### FOR ADMISSION TO COURSES IN YOGIC STUDIES

This form should be completed in capital letters and sent to:

**The Director, Bihar Yoga Bharati, Ganga Darshan, Munger, Bihar 811201, INDIA**

## PERSONAL INFORMATION

1. Full name (in capitals): .....
2. Date of Birth:  Day  Month  Year      3. Age:
4. Sex:  Male  Female      5. Marital Status:  Married  Single
6. City / State / Country of Birth: .....
7. Nationality: .....      8. Passport No: .....
9. Knowledge of English (Applicable to Four Month Course in English medium and One Year Course in Yogic Studies):  
 Fluent       O.K.       Poor

Affix a recent  
passport size  
photograph

## ADDRESS

10. Permanent Address: .....
- .....
- .....
- Pin Code: ..... Telephone: ..... Fax: .....
11. Postal Address (if different): .....
- .....
- .....
- Pin Code: ..... Telephone: ..... Fax: .....

## COURSE DETAILS

12. Course applied for: (A) Course in Yogic Studies – four months  
 English medium (Oct–Jan)       Hindi medium (Feb–May)      Year: .....
- (B) Course in Yogic Studies – one year  (commencing August 2007)
13. Have you applied for any of the courses before? If yes, give details: .....
- .....

## ACADEMIC QUALIFICATIONS

14. Give details of Academic Qualifications: .....
- .....
- a) Special Skills / Hobbies: .....

## YOGA EXPERIENCE

15. a) Yoga Training: i) Institutions: .....
- ii) Courses: ..... Duration(s): .....
- b) Yoga Teaching: i) As  Yoga Teacher  Consultant  Therapist  Social worker
- ii) Duration: .....
- iii) Location (City, Town, Village): ..... Country: .....
- c) Ashram Life: i) As:  Sannyasin  Karma Sannyasin  Jignasu Sannyasin  Visitor / Resident

16. Spiritual Tradition: i) Tradition: ..... Guru's Name .....  
iii) Spiritual Name: ..... Date of initiation: .....

## PERSONAL NOTE

17. Mother / Father's name and address:.....  
.....

18. Name and address of one other contact: .....  
.....  
Relationship: .....

19. In case of emergency please notify the following person (include name, address & relationship):  
.....  
.....

## MEDICAL CERTIFICATE

(To be filled in by a registered medical practitioner **only**)

I have examined the applicant ..... on ..... and my findings are:

1. Symptoms (if any): .....

2. Present / Past Medical History: (tick if applicable)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mental Disorder | <input type="checkbox"/> Addiction       | <input type="checkbox"/> Kidney disease        |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Asthma                |
| <input type="checkbox"/> High BP         | <input type="checkbox"/> Allergy         | <input type="checkbox"/> Arthritis             |
| <input type="checkbox"/> IHD             | <input type="checkbox"/> TB              | <input type="checkbox"/> Communicable diseases |

3. Vision:  Normal  Myopia

4. Spine & joints:  Normal  Deformity

5. Pulse: ..... 6. BP: ..... 7. Respiration: .....

8. Palpation: i) Abdomen ..... ii) Lymph nodes .....

9. Auscultation: i) Heart ..... ii) Lungs .....

10. Current medication: ..... Blood Group: .....

11. In case of a positive medical history please send a copy of supporting medical (diagnostic) document.

Name of medical practitioner: .....

Address: .....

Signature: ..... Date: ..... Registration number: ..... Seal: .....

## ENCLOSURES (Certified copies of certificates, not originals)

- Mark Sheet (Class 10 for Four Month Courses; Class 12 for One Year Course)
- Passing Certificate
- Proof of date of birth
- Photocopy of passport (first two pages, i.e. photo page, for overseas students)
- Passport-sized photographs (x 4 for Four Month Courses; x 5 for One Year Course)

## DECLARATION

I ....., hereby declare that the information given in this application is true and accurate to the best of my knowledge. The BYB Institute shall have all the rights to vary and/or reverse any decision made on the basis of incorrect or incomplete information. I further understand that the BYB Institute may, for the purpose of verification, obtain official records from any Institute or Employer mentioned by me in this application.

Date: ..... Signature of applicant (in full): .....