

MAHATMA GANDHI INSTITUTE

Tel 403 2000 – Fax 433 2235

APPLICATION FORM

BEGINNER'S COURSE YOGA PHILOSOPHY FOR WELLNESS - I

INTAKE 2025

1. Surname (Block letters) Mr/Mrs/Miss
2. Other Names (Block letters)
3. Maiden Name (if applicable)
(Attach photocopy of marriage certificate)
4. Date of Birth Age Sex
5. Address
.....
6. Nationality (if naturalised, give number & date of certificate)
(Attach photocopy of certificate of naturalisation)
7. Married/Single Tel. No (Res)

(Office)

(Mobile)

Fax No.

E-Mail
8. Occupation Place of work & address
9. Class attending (if student)
10. Name & Address of school
11. Name and address of Guardian (if under 18 years)
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12. Academic Qualifications

C.P.E		S.C/G.C.E 'O' Level		H.S.C/G.C.E 'A' Level	
<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
				Principal Level	
				Subsidiary Level	
Passed or failed		S.C Result		H.S.C Result	

13. Other Qualifications

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14. Other courses you are following at the Mahatma Gandhi Institute or other Institutions

Institution	Course (State Full time or Part time)	Year Started	Year in which course will be completed
MGI
Other Institution/s

15. I certify that the above information is correct.

Date.....

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Signature of Applicant/Guardian

N.B Photocopies of birth and educational certificates must be submitted along with the application form.

For Office Use Only

Signature of Officer

Date

Registration fee Rs.125/-

Course fee per annum Rs.875/-

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Receipt No: