

# Application Form for Admission into Certificate Course in Yoga

(Course Information: Course Applied For: Certificate Course in Yoga Course Duration: Six Months)

To,  
The Principal,  
Dasarathi Hazra Memorial College,  
Bhatar, Purba Bardhaman.

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## Personal Information:

1. Full Name (in BLOCK letters): \_\_\_\_\_
2. Father's / Mother's / Guardian's Name: \_\_\_\_\_
3. Date of Birth (DD/MM/YYYY): \_\_\_\_\_
4. Gender: ☐ Male ☐ Female ☐ Other
5. Nationality: \_\_\_\_\_ 6. Aadhar Number: \_\_\_\_\_

## 7. Contact Details:

- Mobile Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## 8. Permanent Address:

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## Academic Information:

### 9. Educational Qualification (minimum 10+2 (HS) required):

- Name of the School/College: \_\_\_\_\_
- Board/University: \_\_\_\_\_
- Year of Passing: \_\_\_\_\_
- Percentage/Grade: \_\_\_\_\_

## Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may lead to the cancellation of my admission. I also agree to abide by the rules and regulations of the college during the course duration.

**Signature of the Applicant:**

**Date:**

**Place:**

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## Office Use Only:

Application Received On: \_\_\_\_\_ Application No. \_\_\_\_\_

Remarks: \_\_\_\_\_

Admission Status: ☐ Approved ☐ Rejected

Signature of the Receiving Officer: \_\_\_\_\_

Stamp

# Application Form for Admission into Certificate Course in Yoga

## Dasarathi Hazra Memorial College Bhatar, Purba Bardhaman

### Challan for Cash Payment

#### Course Details:

- Course Name: Certificate Course in Yoga
- Course Duration: 6 Months
- Total Fee: ₹250

#### Office Copy

Application No.: \_\_\_\_\_ (For Office Use Only)

Challan No.: \_\_\_\_\_ (For Office Use Only)

Date: \_\_\_\_\_

#### Student Information:

- Name of the Applicant: \_\_\_\_\_
- Father's/Guardian's Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

#### Payment Details:

Particulars	Amount (₹)
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Course Fee	250
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Total Amount Paid	₹250
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#### Payment Mode:

☒ Cash

☐ Other (Specify) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Receiver (Office Use Only): \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Office Seal

#### Applicant Copy

## Dasarathi Hazra Memorial College Bhatar, Purba Bardhaman

### Challan for Cash Payment

#### Course Details:

- Course Name: Certificate Course in Yoga
- Course Duration: 6 Months
- Total Fee: ₹250

Application No.: \_\_\_\_\_ (For Office Use Only)

Challan No.: \_\_\_\_\_ (For Office Use Only)

Date: \_\_\_\_\_

#### Student Information:

- Name of the Applicant: \_\_\_\_\_
- Father's/Guardian's Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

#### Payment Details:

Particulars	Amount (₹)
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Course Fee	250
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Total Amount Paid	₹250
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#### Payment Mode:

☒ Cash

☐ Other (Specify) \_\_\_\_\_