



GUSHKARA MAHAVIDYALAYA

[An ISO 9001:2015 & 14001:2015 Quality Research Organization]

P.O. Guskara, Dist. Purba Bardhaman, West Bengal - 713128

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E-mail: guskaramahavidyalaya@gmail.com, office@gushkaramahavidyalaya.ac.in

APPLICATION FORM 'Certificate Course in Yoga' - Session - 2024

Self-
attested
Passport
size
Photo

1. Name (in Block letters) :
2. Father's/Guardian's/Husband's Name :
3. Permanent address*
.....PIN
4. Contact No. (1) (2)
5. Date of birth* :
6. Whatsapp No. :
7. E-mail address :
8. Gender : Male / Female / Others
9. Highest Educational Qualification achieved with year :
10. Marks in percentage in* Higher Secondary :
11. Other education qualification or achievement :
12. Name of Institution last attended with address :
13. Are you a student of Gushkara Mahavidyalaya at present : Yes / No

* If yes, then mention: Section – Day / Morning Department
Semester: Class Roll No.....

Medical Certificate from a Registered Doctor to be attached with the application form mentioning the health condition and diseases suffering from

I agree to pay the course fee (Rs. 3,500/-/ 2,000/-) in full at the time of admission. I know that the admission fee is non-refundable. I also hereby declare that the information given here are true and if found false my candidature may be cancelled.

.....
Full Signature of the applicant

*Attach documents in support.