

YOGA CERTIFICATION BOARD**APPLICATION FORM**

Empanelment of Observer / Lead Examiner / Examiner

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1. Name of the Post Applied for: _____
2. Name (in block letter): Shri/Smt./Ms. _____

3. Category (General / SC / OBC / Physically challenged / Ex Serviceman) _____
4. Date of Birth: _____
5. Place of Birth: _____
6. Correspondence Address: _____
_____ District: _____
State: _____ Country: _____
Pin code: _____ Phone: _____
Mobile: _____ Email: _____
7. Permanent Address: _____
_____ District: _____
State: _____ Country: _____
Pin code: _____ Phone: _____
Mobile: _____ Email: _____
8. Educational Qualification:

Sl. No.	Qualification	Name of the Degree / Diploma / Certificate	Name of the institution and University	Year of Passing

Note: A copy of relevant qualification to be enclosed with the application.

9. Details of experience:

Sl. No.	Name of the Organization / Institutions	Post held	Mode of working (Full time / Part time / voluntary)	From date	To date	Experience in year and months	Role & Responsibilities

Note: A copy of relevant experience certificate / testimonials to be enclosed with the application

Total Experience: _____ Years _____ Months

10. Details of any experience:

11. Have you been called for interview in past? If yes, provide details:

12. References:

Sl. No.	Name	Designation	Address	Phone	Email

13. Any other relevant information:

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I hereby certify that the fore-going information is correct to the best of my knowledge and belief. In case, I have given wrong information or suppressed any material fact or factual information, then my candidature for empanelment shall liable to be terminated without giving any notice or reason thereof. I am not aware of any circumstances which might impair my fitness for employment under Government.

Date: _____

Signature: _____

Place: _____