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) ....
    ………………………………………………………………………………………….

12. Academic Qualifications

C.P.E		S.C/G.C.E 'O' Level		H.S.C/G.C.E 'A' Level	
Subject	*Grade*	*Subject*	*Grade*	*Subject*	*Grade*
				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.............................   ....
                                                      Signature of Applicant/Guardian

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