GOVERNMENT OF KERALA DIRECTORATE OF AYURVEDA MEDICAL EDUCATION

APPLICATION FOR YOGA &NATUROPATHY TECHNICIAN COURSE CERTIFICATE

(Read the instructions carefully)

·	Rate of Fee for Certificate: Yoga & Naturopathy Technician course Rs. 158/- Certificate 2.Head of Account: 0210-03-101-98 Examination fees and Other Receipts			
1.Name of the Candidate				
(IN BLOCK LETTERS) 2.Permanent Address of the candidate		Communication Address of the candidate		
3.Male/Female			Contact Ph. no.	
4. Name of Father/Mother/Guardian wit	<u></u>		Contact Ph. no.	
relationship				
5. Age & Date of Birth	Ag	e	Date of Birth	
6. Religion, Community and sub division if any	n,			
7. Whether belonging to SC/ST/OBC/O specify	EC,	-	· · · · · · · · · · · · · · · · · · ·	
8. Examination Passed				
(for which certificate is required)				
9.Register Number(s) and Year of passing				
10. Marks obtained in each Paper				
11. Name of the College in which the castudied for the Course.	andidate has			
12. Examination Centre				
13. Details of Fee remitted. Chalan Receipt No. & Date. Name of the Treasury Branch				
belief.	ries made above	are correct	t to the best of my knowledge and	
Station: Date:				
Date.	•		Signature of the Candidate	

For Office Use Only

Director

Jr. Superintendent/ Sr. Superintendent/Accounts Officer/A.A.

Verified by

Clerk

Documents to be submitted along with the application for Certificate

- 1. Self Attested Photocopies of the S.S.L.C Book, Hall Ticket Original, Mark list of Yoga & Naturopathy
 Technician course
- 2. Original Chalan Receipt
- 3. Self Addressed Stamped envelope (stamp worth Rs.35/-)