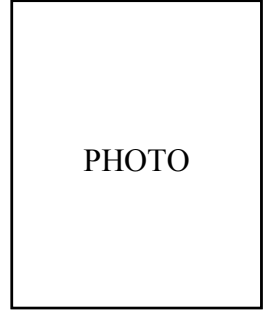


**Maharashtriya Mandal's
INSTITUTE OF WELLNESS AND YOGA (iNWAY)
Mukandnagar, Pune-411 037**

**CERTIFICATE COURSE IN YOGIC SCIENCE (C.Y.Sc)
ADMISSION FORM**

To,
The Principal,
Chandrashekhar Agashe College of Physical Education,
Pune-411037



I hereby, submit Admission Form for the admission in Certificate Course in Scientific Massage.

1 Name (in full Block Capital Letters):

Shri/Smt/Kum.

2 Address for the Correspondence:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Tel.No.: _____ **Mobile No.:** _____ **Email id:** _____

3 Birth Date:
Day Month Year

4 Education: _____

5 Name of the School/ College/ University : _____

UNDERTAKING

1. I promise to abide by the rules and regulations of the Institute of Wellness and Yoga, during training period.
2. I assure that, I will not do anything wrong against the Institute & College discipline on its premises or even outside place.

Place :

Date :

Signature of the Applicant