

ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
Vijayanagar Palace, Peda Waltair, Visakhapatnam – 5300 17.
(Website: www.andhrauniversity.edu.in)

Prof. Nimma Venkata Rao

DIRECTOR

Letter No. DOA/02/Web2018

Office : 0891-2573441

Fax : 0891-2735767

Date: 24th Dec, 2018

ADMISSION FOR DIPLOMA IN YOGA (SIX MONTHS COURSE)

1. Andhra University is offering a Diploma course in Yoga in the Department of Yoga & Consciousness. The duration of the programme is six months. The classes will commence from 21.01.2019.
2. Applications are invited from the eligible candidates, who have completed Intermediate / 10+2 course or its equivalent are eligible to apply for the six months Diploma course. The application format can be downloaded from www.andhrauniversity.edu.in. Filled in applications should reach the Office of the Directorate of Admissions, Andhra University, Vijayanagar Palace, Pedawaltair, Visakhapatnam-530003 on or before 5.00 P.M. on 10.01.2019. For further details, visit www.andhrauniversity.edu.in.
3. The Registration fee, Rs.500/- in the form of DD drawn in favour of **The Registrar, AU Common Entrance Test & Admissions** should be attached to the application along with Photostat copies of marks sheets and certificate of the qualifying examination.
4. a) The Course fee is Rs. 5600/- (which includes examination fee).
b) The counseling fee is Rs 200/.
c) The students intake is 40 and
d) Admission will be given based on the marks obtained in the qualifying examination.
5. The counseling is scheduled at 10 A.M. on 19.01.2019 in the office of the Directorate of Admissions, Andhra University, Vijayanagar Palace, Pedawaltair, Visakhapatnam. No separate call letter will be sent.



DIRECTOR

ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO
DIPLOMA IN YOGA (SIX MONTHS) COURSE-2018

Form - VI

Particulars of Demand Draft(s) enclosed towards registration fee (Rs.500/-)

D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

Registration No.

1. **Course Code & Name of the course :**

904	Diploma in Yoga (Six Months)
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2. **Name of the Applicant (IN CAPITAL LETTERS):**

SURNAME	FULL NAME

Attested Photograph
(taken not earlier than 1-6-2018)

Father's Name

Mother's Name

Address

3. **Gender :** (put ✓ mark)

Male	Female

PIN:.....Tel. No. with STD Code

Mobile No.: E-mail:

4. **Date of Birth**

Day	Month	Year

5. **Reservation Category :**

Put ✓ mark in appropriate box (Enclose attested copies - See Information Brochure)

SC	ST	LBC				
		A	B	C	D	E

6. **Minority Community to which you belong** (Put ✓ mark)

Muslim	Christian	Any other

7. **Category** (put ✓ mark)

Local	Non-Local	Other State

8. **Details of academic record: (a) Details of Qualifying Examination:**

Name of the Qualifying Exam.	Branch	University	Year of Passing	Overall % of Marks (all years of study)

9. **Particulars of Marks obtained:**

Years of study	Board / College	Year of Passing	Marks scored	Maximum Marks	% of Marks
S.S.C					
Inter	1st Year				
	2nd Year				

DECLARATION BY THE CANDIDATE

The particulars furnished above are true and correct to the best of my knowledge and I here by agree for the cancellation of my application / admission if any of the above details are found to be false.

Signature of the Parent / Guardian.

Signature of the Applicant.