Kundalini Yoga Research Institute, Lucknow - 226 003

(Regd. No. 2554, Under the Societies Registration Act No. 21 of 1860)

Affiliated with :

- **The Open International University for Complementary Medicine, *Sri Lanka***
- **All India Nature Cure Federation, *New Delhi.***

Application Form for Examination

1. Year .....
2. Name of Examination .....
3. Name of the Applicant .....
   (In bold capital letters)
   .....

Affix Photograph here

4. Date of Birth ....
5. Postal Address .....
   .....
   .....
6. Educational Qualification .....
   .....
7. Name of the centre where the applicant wishes to appear in the examination
   .....
8. Previous Experience in Yoga or Alternative Medicine (if any) .....
   .....
9. Name/Address of the Institute/Experts where the candidate has received practical training .....
   .....
   (attach at least one month practical experience certificate)

Declarations

i. I am enclosing the prescribed examination fee of Rs. ..... by Cheque/Bank Draft No. ..... / Money Order Receipt No. ..... dated .....

ii. I hereby declare that all the information given above are true and correct to the best of my knowledge and belief and that I agree to abide by the rules and regulations of the Kundalini Yoga Research Institute, Lucknow, India.

Dated : .....

(Signature of the candidate)