**MARY MATHA ARTS AND SCIENCE COLLEGE, MANATHAVADY , VEMOM P O, WAYNAD 670645**

**DEPARTMENT OF PHYSICAL EDUCATION**

**(In Association with IQAC)**

 ***CERTIFICATE COURSE IN YOGA MEDITATION 2017-18***

**APPLICATION FORM FOR REGISTRATION**

Photo

1. **Name of the Candidate:**
2. **Gender:**
3. **Educational Qualification :**
4. **Address:**
5. **Phone No . and Email**
6. **Reason for Joining the course:**

**Signature of the Candidate**

**Place:**

**Date:**

**For Office Use**

 **Mr/ Ms………………………………………………….. selected as a candidate for the Certificate Course in Yoga Meditation .**

**Place:**

**Date:**

 **Signature**

**Course Co-ordinator**