



SHWARDAS CHUNILAL YOGIC HEALTH CENTRE, KAIVALYADHAMA

43, NETAJI SUBHASH ROAD, MUMBAI 400 002

Tel (0091-22) 22818417 / 22886256 E-mail: Kdhamyogcenter@gmail.com

Web: www.yogcenter.com

YOGA EDUCATION FUND- KAIVALYADHAMA

SCHOLARSHIP APPLICATION FORM

1. PERSONAL INFORMATION

Name: _____

City: _____ State: _____ Zip: _____

TelephonNumber _____

E-mail Address: _____

Permanent (Home) Address: _____

City: _____ State: _____ Zip: _____

2. EDUCATIONAL BACKGROUND

MATRICULATION:

SCHOOL

YEAR

BOARD

GRADUATION:

UNIVERSITY:

YEAR:

DEGREE:

DEGREE PURSUING:

3. EMPLOYMENT HISTORY

SPECIAL ACHIEVEMENTS/HONORS AND RECOGNITION



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4. BACKGROUND/INTEREST/EXPERIENCE/IN YOGA

SCHOLARSHIP RECOMMENDATION FORM

Name of Applicant _____

Name of Reference: _____

Title: _____

Address: _____

City: _____ **State** _____ **Zip:** _____

Telephone Number: _____

E-mail Address: _____

How long have you known the scholarship applicant? _____

In what capacity are you familiar with the applicant's education and/or personal background?



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SUMMARY EVALUATION

- Compare applicant with a representative group of students who have had approximately the same amount of experience.
- General academic ability
- Imagination and creativity
- Motivation and initiative
- Ability to work with others
- Potential to succeed in a Yoga program

DOCUMENTATIONS REQUIRED TO BE SUBMITTED WITH THIS FORM

- Include an individual statement describing unique educational experiences (e.g., special Projects), career plans, leadership experience, and involvement.
- Scholarship Recommendation Forms from educators and/or employees who are familiar with your background.
- An up-to-date transcript of your academic record.
- Income certificate
- Pan card & Adhar card
- Educational certificates
- Address proof

CRITERIA:

1. 4 Students will be chosen by the Expert Panel and course fees of Rs. 40,000/- will be given to these, students.
2. Deserving students are those who are economically marginalized, having inclination and passionate to spread the message of Yoga.
3. Students who willing to work by teaching yoga to the students of BMC schools as a teacher for one year.



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4. The certificate will be awarded only after completion of the program of BMC.

PLEASE NOTE

- The forms are required to be sent along with the documents to **Dr.Nutan Pakhare or online**
- The last date to submit the forms for Scholarship

After completion of Course Work profile as **for training BMC School children's will be as follow,**

- 30 yoga sessions to conduct at BMC school (as per existing practices) & all coordination work related to these yoga program including Valedictory Functions
- Maintaining record of students
- Assistance to YEF related work to the chief coordinator in Mumbai Kaivalyadhama.

DISCLAIMER

I have read & confirm the above details. If I don't follow the guidelines of Kaivalyadhama of the above scholarship, I will return the amount paid to me as a scholarship.

Name:

Date:

Place:

Signature: