

SHRI MANGAL YOGA & NATURE CURE CENTRE

Muni-ki-reti (Crossing Point of Gangotri-Road) RISHIKESH

Uttaranchal Shivalik Himalayas, INDIA

“AKHANDA YOGA DHAM TRUST”

Introduction / Registration Application Form

Performa For Registration In Yoga-Sciences Franchisee

(Please read carefully all rules and regulations for the registration, before filling the form)

Category

Inland Foreign

(Tick the category in which you want to participate)

Individual Applicant Particulars

Name of Applicant

Gender : Male Female (Tick which is applicable)

Father's/Husband's Name

Home Address

Office / Centre's Address

Phone Nos. with S.T.D. I- Residence-----II- Office

Mobile Nos.-----E-Mail :-

Marital Status I- Married II- Unmarried (Tick, whichever is applicable)

Age ----- Education ----- Occupation ----- Blood Group -----

Height ----- Weight ----- Hobbies

Details of Passport and Visa

(Pl . enclose the Photocopy).....

Qualification (Medium / College)

(Pl. enclose the copies of Certificates)

Family Annual IncomeNo. of Family Members.....

Occupation (Sitting / Mobile)

Self Nature & Encourage

Mental Behavior Towards Self To Family To Society

Whether Habituate To Intoxicants?

Have You Ever Practiced Any Form Of Meditation And Yoga / Name of Gurudev / When / For How Long? (Pl. enclose the copies of Certificates)

.....

Detail of persons who got registered as participants and take part with you :-

I- I- Name -----Relation with you -----

II- II- Name -----Relation with you -----

(Attach separate sheet for more persons)

Name of Disease, you have -----(Attach recent pathological report pertinent to your disease).

Do you addict to ?

I- () Tea/Coffee II- () Alcohol III- () Smoking IV- () Tobacco/Gutka V-() Non Vegetarian

(Tick, whichever is applicable)

Your purpose of This Yoga Coureses Franchise -----

Declaration

I hereby declare that I read all rules and regulations concerned for the registration in the Yoga Courses Franchise; I shall abide by all the rules and regulations concerned. In the event of violation of rules and regulations concerned, by me, the trust is independent to take any disciplinary action against me/ us and I shall be entirely responsible for it.

Signature of Applicant

Description of Donation / Contribution / Registration

I- Name of Issuing Bank with Station -----

II- D. D. No. ----- Date ----- Amount -----

III- Drawn on -----

Receipt No. ----- Date -----(Filled Up by the office)



PART A :

Organization Profile

(please fill in block / capital letters)

ORGANIZATION DETAILS

(Kindly submit Memorandum and Articles of Association / Byelaws)

1. Name of organization : _____
2.1. Regd. : _____
Address : _____
Block : _____ District : _____
State : _____ Pin Code : _____

2.2 Details of Branch Office(s) : _____
Address : _____
Block : _____ District : _____
State : _____ Pin Code : _____

3. Telecommunications : _____
Phone No. (1) : _____ Fax : _____
Telegram : _____

E-mail: _____ http://WWW.

4. Name of Contact Person(s): Last Name Middle Name First Name
4.1. Persons: _____ Designation.....
4.2. Persons: _____ Designation.....

5. Details of Registration (kindly enclose attested copy of relevant registration certificates)
(Please put tick against applicable act)
Societies Registration Act / Trusts Act / Charitable & Religious Trusts Act
District:..... State:.....

If registered under any other act, please specify _____
5.1. Registration No. _____ Date of original registration _____
Registration valid up to _____

6. Details of Foreign Contributions (Regulation) Act, (if applicable, kindly enclose a certificate)
Original Registration No. _____ Registration Valid upto _____
Date of original registration _____

7. Information regarding Members of Executive Body
Name / Address / Category / Designation / Qualification / State
.....

7.2. Details of functionaries
(This term form is to be filled for each office bearer. Kindly use photocopies of this page)

7.2.1. Name of Office bearer : _____
7.2.2. State whether office held, in other : _____

Designation : _____
Official Address : _____



PART - 2

8. What percentage of total expenditure was spent on Administration last year?
Break up of Administration expenditure in percentages

- i) Salary / emoluments / stipends %
- ii) Facilities for staff %.....
- iii) Fuel, oil, lubricants %.....
- iv) Travel %.....
- v) Telephone %.....
- vi) Office expenses %
- v) Any other %
- Total 100.00 %

9. Compensation Structure

i) Highest cost employee.....
- Designation:

ii) Lowest cost employee
- Designation:

* Cost to VO includes salary and money value of all benefits

10. Facilities / Benefits provided to the staff / Participant Students / Local People:

11. Are Annual Reports and Audited Statements freely available to any member of the public?
(YES/NO) _____

Certified that the information given in this form is correct to the best of our knowledge. It is Understood that tendering false information will result in AYDT / SMY- Nature Cure recalling the assistance and stopping further permission of the Project / Courses.

Countersigned by member of Executive Body

Name:
Designation:
Place:

Signature and Seal of Authorized Signatory

Date: Name: _____
Designation: _____
(Attach copy of authorization)

Permission for Yoga Courses Franchise

FOR AYDT USE ONLY

Accreditation Number allotted _____ Entry No. -----

Date _____

Signature
Name / Designation / Deptt.

If You Want more Details Rules & Regulation Please Contact : aydtnet@yahoo.co.in



PART - 3

PROFORMA FOR SUBMISSION OF ANNUAL REPORT

(Note : Part A, B & C of this report may be prepared on separate sheets)

- 1. Name and full address of the institution :
- 2. Name of the Scheme :
- 3. Date of Commencement of the scheme :
- 4. Period of work done report :
- 5. Inspection conducted, if any, by AYDT. or any other authority :
 - i) Date :
 - ii) Name of the Experts :
- 6. Amount received from Students :
- 7. Expenditure incurred during :
 - (b) From other sources : -----
 - (c) Total (a+b) : -----

8- 1. Difficulties, if any, in carrying out the scheme allotted to institution by AYDT.

8 – 2. Immediate requirement of the institution under the scheme.

3 –3. Suggestions, if any.

9. Summary of work done in about 150 words for inclusion in ANNUAL REPORT of the Centre

10. Name of Institution :

11. STAFF POSITION

A. TECHNICAL / TEACHING STAFF

S.N.	Name	Designation	Age	Sex	Qualification	Experience	Pay Drawn
------	------	-------------	-----	-----	---------------	------------	-----------

B. NON-TECHNICAL / NON TEACHING STAFF

S.N.	Name	Designation	Age	Sex	Qualification	Experience	Pay Drawn
------	------	-------------	-----	-----	---------------	------------	-----------

(Signature of the Head of the Institution with seal)