



**DISTRICT HEALTH & FAMILY WELFARE SOCIETY, THYCAUD, TRIVANDRUM**

**Application for the post of Yoga Instructors**

Sl.No.

To be filled by the Candidate

Name	
Male/Female	
Age and Date of Birth	
Address to which communication are to be sent	
Tel/Mob Number	
e-mail ID	

Passport size photograph with signature

**Qualification:**

Degree/Diploma	Year of Passing	Institution/University

**Experience**

Institution -Govt./Pvt	Period	From	To

I hereby declare that the details furnished above are true and correct to my knowledge and belief.

Place

Date:

Signature:

Name