



# Lakshmibai National Institute of Physical Education

Government of India, Ministry of Youth Affairs & Sports  
Shakti Nagar, Race course Road,  
Gwalior – 474002 (M.P.)

Application Form No. \_\_\_\_\_

Session: 2025-26

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## APPLICATION FORM FOR ADMISSION TO MASTER OF ARTS IN YOGA (M.A. in Yoga), POST GRADUATE DIPLOMA IN YOGA EDUCATION (PGDYEd)

COURSE APPLIED FOR: \_\_\_\_\_

1. Name of Candidate : \_\_\_\_\_  
(In Capital Letters and as per Metric/Higher Secondary Certificate)
2. Name of Candidate in Hindi : \_\_\_\_\_
3. Father's Name : Shri/Late \_\_\_\_\_
4. Mother's Name : Smt. \_\_\_\_\_
5. Name of the Guardian  
(If Father is not alive) : Shri. \_\_\_\_\_
6. Occupation of Father/Guardian : \_\_\_\_\_
7. Annual Income of Father/Guardian : \_\_\_\_\_
8. Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_  
Distt \_\_\_\_\_ State/U.T. \_\_\_\_\_  
Pin Code \_\_\_\_\_
9. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
Distt \_\_\_\_\_ State/U.T. \_\_\_\_\_  
Pin Code \_\_\_\_\_
10. (a) Mobile No. \_\_\_\_\_ (b) Whatsapp No. \_\_\_\_\_  
(c) E-mail Address \_\_\_\_\_
11. Nationality \_\_\_\_\_ State/U.T. of Domicile \_\_\_\_\_
12. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Month \_\_\_\_\_ Days
13. Sex: Male / Female  
[Tick (✓) which is applicable for column 13 & 14 ]
14. Marital Status: Married / Unmarried / Divorced

15. Category : General / OBC / SC / ST/ EWS [Tick (✓) which is applicable for column 15 & 15 A] 15 A. Special Category : J & K Migrants/Ward of LNIPE Regular Staff
16. Sports Achievement (Highest Achievement) \_\_\_\_\_

17. Medium of Examination : Hindi / English \_\_\_\_\_

18. Have you ever been involved in any acts of crime/Gross Indiscipline/Misbehavior?  
Yes/No If yes, furnish details on a separate sheet.

19. Educational Qualifications (Fill the Appropriate Columns)

Examination Passed	Name of School /College	Name of University/Board	Year of Passing	Marks Obtained	Total Marks	% of Marks
Metric of Equivalent						
10+2 or Equivalent						
B.A./B.Com/B.Sc./B.P.Ed. or equivalent						
M.A./M.Com./M.Sc./M.P.Ed. or Equivalent						
other, if any						

20. Application form for **M.A. in Yoga (Master of Arts in Yoga) & PGDYEd (Post Graduate Diploma in Yoga Education)** can be downloaded from the Institute Website [www.lnipe.edu.in](http://www.lnipe.edu.in) Candidate can fill the form, with all the requisite documents (including online fee transaction receipt) and sent to **(Registrar, LNIPE, Mela Road, Shakti Nagar, Gwalior – 474002 (M.P.))**
21. Application and testing fee for **M.A. in Yoga (Master of Arts in Yoga) & PGDYEd (Post Graduate Diploma in Yoga Education)** Candidates can deposit the fee through Internet Banking/NEFT/ IMPS as per detail given below :-  
**Bank Name : State Bank of India**  
**IFSC Code : SBIN0002875**  
**Account Holder's Name : LNIPE Account Gwalior**  
**Account Number : 10025857768**
22. Requisite documents to be submitted for offline application are as follows:-  
 (i) Proof of date of birth (Birth Certificate/Mark-sheet/Certificate of Secondary examination).  
 (ii) Mark-sheet of the qualifying examination.  
 (iii) Sports Achievement Certificate  
 (iv) Character certificate from the Institute last attended.  
 (v) Medical Fitness Certificate along with application form as per format attached failing which, the application form will not be accepted.  
 (vi) Bonafide SC/ST/OBC certificate, if applicable, in prescribed format.  
 (vii) Declaration regarding non-creamy layer (applicable for OBC candidates only) in prescribed format.  
 (viii) Application & Testing fees receipt.  
**Note:**  
 1. **Incomplete Application Form and without above enclosures as mentioned shall be rejected.**  
 2. **Eligibility Criteria as per the Prospectus 2025-26**

### **UNDERTAKING BY THE APPLICANT**

I have thoroughly read and understood all the details in the prospectus and am fully aware of selection procedure and also undertake to abide by all such provisions as mentioned in the prospectus.

I solemnly declare that all the information provided and documents furnished by me as enclosed are true to the best of my knowledge.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

*Signature of the candidate*

### **UNDERTAKING BY THE PARENT/GUARDIAN**

I, \_\_\_\_\_ Father/Guardian of the applicant \_\_\_\_\_

am aware that entrance test requires vigorous effort and the University shall not be responsible for any injury / medical problem occurring during the entrance test at the testing centre opted.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Father/Guardian**

### **CERTIFICATE OF MEDICAL OFFICER**

I certify that I have carefully medically examined \_\_\_\_\_

(Name of Candidate) and am satisfied beyond doubt that he/she is fully fit/Not fit for undergoing strenuous physical fitness testing. **His / her blood group is** \_\_\_\_\_.

Regd. No. Of Medical Officer

Signature of Medical Officer

Date: \_\_\_\_\_

**Stamp and Seal of the Medical Officer**