



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

Affix Passport
Size Color
Photograph

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
 14. Marital Status: Married / Unmarried / Divorced
- [Tick (✓) which is applicable for column 13 & 14]

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 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

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

DEPARTMENT OF YOGIC SCIENCES

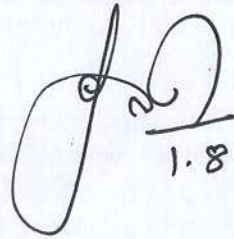
SESSION : 2025-26

WRITTEN TEST & SKILL PROFICIENCY TEST

Name of the Course	Category	Application/Testing Fees (to be paid to LNIPE)
M.A. in Yoga	UR	1500/-
	OBC-NCL/EWS	1350/-
	SC/ST/PWD/Kashmiri Migrants	1200/-
PGDYEd	UR	1500/-
	OBC-NCL/EWS	1350/-
	SC/ST/PWD/Kashmiri Migrants	1200/-

Application/Testing fee to be paid to LNIPE, Gwalior should be made through Internet Banking/NEFT/IMPS as per the details given below: -

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1.8.25