

VETHATHIRI MAHARISHI COLLEGE OF YOGA

A Unit of The World Community Service Centre
(Affiliated to Tamil Nadu Physical Education and Sports University)
No.26,2nd Seaward Road,Thiruvanniyur, Chennai 600 041 Ph: 044 - 2457 1530
E-mail: vmcy@vethahiri.ac.in, Website: www.vethathiriyogacollege.edu.in

ADMISSION FORM - 2026 - 27**Course Information**B.Sc - Yoga for Human Excellence ☐M.Sc - Yoga for Human Excellence ☐**EMIS - ID****Personal Details**Candidate Name :
(In English)

Initial

Candidate Name :
(In Tamil)

Initial

Father's Name :
(In English)

Initial

Father's Name :
(In Tamil)

Initial

Father's :
(Occupation)

Initial

Mother's Name :
(In English)

Initial

Mother's Name :
(In Tamil)Mother's :
(Occupation)

Family Annual Income:

Paste the Photo Here

Signature

Date of Birth:

DD / MM / YYYY

Age:

Gender:

☐ Male ☐ Female

Marital Status:

☐ Married ☐ UnMarried

Blood Group:

Height:

Weight:

Address:

Village:

Block:

☐ Rural☐ Urban

Village Panchayat

Taluk:

District:

State:

Pincode

First Graduate in the Family: ☐ Yes ☐ NoWhether the applicant is differently abled? ☐ Yes ☐ NoParticipation in sports? ☐ Yes ☐ NoParticipation in NCC? ☐ Yes ☐ NoParticipation in NSS? ☐ Yes ☐ No**Phone Number**

Father's:

Mother's:

Student's:

Other Details

Religion :

Nationality :

Mother Tongue :

Community :

☐ SC ☐ ST ☐ MBC ☐ BC ☐ BCM ☐ OC

Caste :

Aadhar Number :

Email - ID :

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Education Qualifications

Name of the Examination	Name of the Institution / University / Board	Year of Passing	Percentage of Marks	Class Obtained
10 th				
12 th				
UG.....				
PG.....				

Medium of Study : ☐ English ☐ TamilType of School ☐ Government ☐ Government Aided ☐ Private

Name of the School Studied:

Place of the School Studied:

How did you know about the college: ☐ Through Advertisement ☐ Friends / Relatives ☐ MVKM Trust / Aliyar

Referred Person's Name:..... Referred Person's Contact Number:.....

Enclosures:

☐ 10th ☐ 11th ☐ 12th ☐ Degree Mark statement ☐ Provisional Certificates ☐ Graduation Certificates ☐ Transfer Certificate
☐ Community Certificate ☐ Aadhar Card Xerox Copy

Bank Details:Candidate / Guardian Account Number : IFSC Code: Bank Branch: Bank Name: City: **Declarations:**

I hereby declare that the particulars given above are true and correct to the best of my knowledge and I agree to abide by all the rules and regulations of the college that are in force from time to time.

Date :

Place :

Signature of Parents / Guardian

Signature of Student

For Office Use Only:

☐ Document Verified ☐ Eligible ☐ Non - Eligible

Assistant

Secretary

Principal