

## VOLUNTEER APPLICATION FORM

Name (In capital) \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F: \_\_\_\_\_

Please affix  
one passport  
size photo

Father's/Husband's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

Tel. No. (with STD) : \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualifications

Academic \_\_\_\_\_

Naturopathy/Yog \_\_\_\_\_

Amount by Demand Draft/M.O./Cash Rs. 1000

Draft No. \_\_\_\_\_ Dated \_\_\_\_\_

DD should be in favour of **'ARYAN SOCIETY FOR RESEARCH IN YOGA  
AND NATUROPATHY'** payable at SANGRUR.

I agree to abide by the Rules & Regulation of the Society as framed  
from time to time.

Date

(Signature of Applicant)