Appendix - 1: ADMISSION FORM

KANAK NAND KISHORE COLLEGE OF NATUROPATHY & YOGIC SCIENCES

[Palla-Bakhtawarpur Road, Bakhtawarpur, New Delhi - 110036]

A Unit of

MAHARAJA AGRASEN NATUROPATHY AND YOGA SADHANA RESEARCH TRUST

Affiliated to

SHRI LAL BAHADUR SHASTRI NATIONAL SANSKRIT UNIVERSITY

(CENTRAL UNIVERSITY), NEW DELHI

ACADEMIC SESSION 2025-2026

Bachelor of Naturopathy & Yogic Sciences Program (BNYS 5 ½ Years)

Recent Passport Size Photograph duly attested by a Gazetted Officer.

- Name of Candidate: (Mr./Miss/Mrs.)
- 2. Father's/Guardian's Name: (Mr./Shri)
- Permanent Address:
- 4. PIN Code: Tel. No. (with STD code):
- 5. Mobile No.:
- 6. Email:
- 7. Programme Name:
- 8. Category (SC/ST/OBC/Def/PWD/Kashmiri Migrant):
- 9. (a) School / College location of qualifying examination (10+2) (Delhi / Outside Delhi)
 - (b) School / College location of Secondary School (10th class) (Delhi / Outside Delhi)
- 10. Date of Birth: Age as on 31-12-2024: years months days

(As per Secondary School Certificate)

- 11. Passed Senior Secondary Examination (Yes/No):
- 12. Subject in Sr. Secondary Examination (12th class):
- 13. Aggregate percentage of all subjects:
- 14. Passed in English in 12th Class:
- 15. PCB Percentage in 12th Class:
- 16. Category Certificate SC / ST / OBC / PWD / Defense (Attach photocopy) (Yes/No):
- 17. Character Certificate (Yes/No):
- Medical Certificate (in case of PWD Category) (Yes/No) :
- 19. Details of Demand Draft(s) for Submission of fees:

Amt (INR): DD No.: Bank/Branch:

I solemnly affirm that the information furnished above is true and correct in all respects. I have not concealed any information. I realize that if any information furnished herein is found to be incorrect or untrue, I shall be liable to criminal prosecution and also forgo my claim to the seat in the college. Further, that my candidature for examination/selection and admission to the course is liable to be cancelled. I agree to abide by the rules & regulations of the college.

Appendix - 2: MEDICAL CERTIFICATE**

(FOR THE ACADEMIC SESSION 2025-26) (TO BE SUBMITTED AT THE TIME OF COUNSELLING / ADMISSION) Recent Passport Size

Recent Passport Size Photograph duly attested by a Gazetted Officer.

I certify that I have carefully examined Shri/Km/Smt.*	
son/daughter/wife of Shri/Smt.*	
whose signature is given below. Based on the examination, I certify that he	e/she is in good mental and physica
health and is free from any physical defects which may interfere with his/he	r studies including the active outdoo
duties required of a professional. Visible Mark of Identification	
Signature of the Candidate	
Signature of the damagate	<i>-</i> •
Place	
Date	
	Name & Signature of the
	Medical Officer with Seal and
	Registration Number
* Strike whichever is not applicable.	
** To be signed by a Registered Medical Practitioner holding a Medical de	egree.

Note: Use photocopy of this Form

Appendix - 3: Declaration by the Candidate

(This should not be enclosed with the application but should be submitted only at the time of admission)

1) I,			S/D of Mr./ Mrs. /Ms	
having b	een admitted to Pro	gramme/Stream		, at
Curbing	the Menace of Ragg	ing in Higher Education	have received a copy of the UGC Ral Institutions, 2009, (hereinafter called the "Regontained in the said Regulations.	
2) Ih ragging		perused clause 3 of th	e Regulations and am aware as to what cor	nstitutes
penal a	nd administrative	action that is liable	and clause 6.1 of the Regulations and am fully to be taken against me in case I am found part of a conspiracy to promote ragging.	
4) I h	ereby solemnly av	er and undertake that		
a)) I will not indulg the Regulations	•	ct that may be constituted as ragging under	clause 3 of
b	•		pagate through any act of commission or or clause 3 of the Regulations.	mission that
the Reg	ulations, without p		ng, I am liable for punishment according to criminal action that may be taken against rorce.	
country and furt	on account of bei	ng found guilty of, abo	lled or debarred from admission in any inst etting or being part of a conspiracy to prom is found to be untrue, I am aware that my	note, ragging
Declare	d this	day of	month ofyear.	
			Signature of depo	 nent
Name:				
Address	:			
Telephor	ne/Mobile No.			
		this affidavit are true to aled or misstated therei	o the best of my knowledge and no part of the af n.	fidavit is false
Verified	l at	on this the	of	
			Signature of depo	 nent

Appendix - 4: Declaration by the Parents / Guardians

(This should not be enclosed with the application but should be submitted only at the time of admission)

1)	I,Mr./Mrs./Ms.		(full name of			
	parent/ guardian) father/mother/guardian of, (full nam	e of student with admission/ regi	stration/			
	enrolment number), having been admitted to	(n.	ame of the			
	institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.					
2)	I have, in particular, perused clause 3 of the Regula constitutes ragging.	tions and am aware as to what				
3)	I have also, in particular, perused clause 5 and clause the penal and administrative action that is liable to found guilty of or abetting ragging, actively or pass ragging.	to be taken against my ward in	case he/she is			
4)	I hereby solemnly aver and undertake that					
a)	My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.					
b)	My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.					
5)	I hereby affirm that, if found guilty of ragging, my w Clause 9.1 of the Regulations, without prejudice to against my ward under any penal law or any law fo	o any other criminal action tha	•			
6)	I hereby declare that my ward has not been einstitution in the country on account of being found to promote, ragging; and further affirm that, in cadmission of my ward is liable to be cancelled.	guilty of, abetting or being part	of a conspiracy			
	,					
Dec	lared thisday ofmonth of	yea	ar.			
		Signature of deponent				
		Name:				
		Address:				
		Telephone/Mobile No.:				
	VERIFICATI	ON				
Veri	fied that the contents of this affidavit are true to the bes	st of my knowledge and no part of	the affidavit is			
	false and nothing has been concealed or misstated the					
Ver	ified aton this the	0	f			

Signature of deponent