



A NON PROFITABLE ORGANIZATION

# ANJVEDA VIKAS SANSTHAN

Regt. No - 1988 / Indian Trust Act 1882, Govt. of NCT Delhi, Govt. of India  
Registration under section - 12 (A) / 80 (G) INCOME TAX Act. 1961/  
Niti Aayog, Ministry of Corporate Affairs (CSR), NCT Govt. of Delhi, Govt. of India



## REGISTRATION CUM APPLICATION FORM OFFLINE FOR JEEVAN MANCH

Form No: .....

Date: .....

### For Office Use Only

File No: .....

State Code: .....

Checking Officer Name: .....

Kindly paste  
your recent  
passport size  
photograph

*Candidate's Signature*

For the post of:- (I) Yoga Teacher

(II) Cultural Teacher

(III) Sports Teacher

(IV) First Aid Trainer

(V) Kids Cultural Teacher

Full Name

(In Block Letters)

First Name

Middle Name

Surname

(To be filled by H.R. Department Only)

Source of Application: (Databank / Advt. / Ref.) \_\_\_\_\_

Interview for the post of: \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_

Location: (HO / ZO / DO / Field) \_\_\_\_\_

### Special Note

Please ensure that your completed job application form, along with all required documents, is sent to the following address: **Anjveda Vikas Sansthan**, SCO 73, Near Greenfield Public School Kurukshetra (HR) – 136118

**PERSONAL DETAILS**

1. Full Name: \_\_\_\_\_

2. Father/Husband's Name: \_\_\_\_\_

3. Date of Birth:     
(DD) (MM) (YEAR)

4. Gender: MALE  FEMALE  Other

5. Marital Status: Single  Married  Divorced  Widow

6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Present Address (if Different from Permanent Address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Phone No: \_\_\_\_\_

9. E-mail ID: \_\_\_\_\_

**10. Qualifications:**

Course/Class	Passing Year	Location	Marks/Percentage

11. Aadhar card No:

**12. Emergency Contact:**

Name	Relationship	Mobile No.

**13. Self Declaration:** I, hereby declare that the information provided in this application and the documents submitted are true, complete, and correct to the best of my knowledge and belief. I understand that any false statement or omission may lead to disqualification or termination of employment.

Place: .....

Date: .....

*Candidate's Signature*