

 indian yoga association yoganusahasnam	APPLICATION FORM FOR YOGA SCHOOLS Yoga School Certification Scheme	INDIAN YOGA ASSOCIATION
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To apply for IYA Certification under Yoga School Certification Scheme By QCI, please complete this application form and send it to Indian Yoga Association at the address mentioned in the last page of the form accompanied by:

1. Documents as listed in Part IV of application.
2. Application Fee (with applicable taxes) in favour of Indian Yoga Association by an A/C payee Cheque/Draft payable at New Delhi.

For E-Payments :

Punjab National Bank, Sansad Marg, New Delhi
 Bank Account No.: 0153000110103856
 RTGS/NEFT IFSC Code: PUNB0015300

Also please confirm the transaction after E-Payment.

Before completing this application form and submitting application, relevant Yoga School Certification Scheme, documents (available in our website www.yogaiya.in/iya and QCI website <http://yogacertification.qci.org.in/>) should be carefully studied. If any clarification is needed, please contact QCI at yogacertification@qcin.org or IYA at iyaprcb@gmail.com.

If additional space is required for providing information to any item, the information may be annexed as a separate sheet.

Please provide information as per the format and in the space given.

PART – I		GENERAL INFORMATION			
1.	Name of the Yoga School				
2.	Address of Main School				
		City			
		State		PIN	
3.	Contact Details	Name			
		Designation			
		Address with Pin Code			

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		<i>Phone/ Fax/ E-mail</i>				
4.	Ownership Details					
5.	Legal Registration Details	<i>Status</i>				
		<i>Regd. No.</i>				
		<i>Date of Regd.</i>				
		<i>Regd. Authority</i>				
6.	Place of Registration					
		<i>If registered outside the country where Main Office is located, please provide above the details</i>				
7.	Chief Executive	<i>Name</i>				
		<i>Designation</i>				
8.	Branch School Location(s) to be certified					
		<i>Please mention total no. of branch locations to be covered under certification. The details to be given in annex.</i>				
PART – II PERSONNEL INFORMATION						
9.	Head of Quality /Head of Training	<i>Name</i>				
		<i>Designation</i>				
10.	Personnel in Yoga School	<i>Managerial Staff</i>	<i>Teaching staff/Faculty</i>	<i>Support Staff</i>	<i>Any specialized faculty</i>	<i>Total</i>
1.	Location(s)					
2.						
3.						
4.						

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5.							
6.							
7.							

PART – III

OTHER INFORMATION

11.	Any recognition from Government authorities – Pl provide details, if any	
12.	Certified to any ISO standard ISO 9001, ISO 29990. If yes, pl. provide details	
13.	Activities other than training/teaching, if any,	

PART – IV

14.	Students passed out in the last academic years for courses longer than 200 hours duration (Indicate the number and present the list during the audit)	
15.	No. of QCI certified Yoga Instructors and Yoga Teachers	

16.	Financial Performance (for last 3 financial years)	<i>Financial Year</i>	<i>Total. Income</i>	<i>Fees collected from Students</i>	<i>Net Profit</i>

PART – IV

ANNEXED INFORMATION

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1.	Organization Registration Certificate & Memorandum / Articles of Association or any other legal article (<i>copy only</i>)	<i>Annex – 1</i>
2.	Master List of Documents relating to Yoga School Certification Scheme (<i>with issue and/or revision status</i>)	<i>Annex – 2</i>
3.	Quality Manual in accordance with Scheme requirements	<i>Annex – 3</i>
4.	Teaching Manual in accordance with Scheme requirements	<i>Annex – 4</i>
5.	List of Courses for Certification	<i>Annex – 5</i>
6.	Course material for each course	<i>Annex – 6</i>
7.	Self-assessment check list of syllabus of each Course as per teaching hours requirement of QCI	<i>Annex – 7</i>
8.	Branch School(s) to be covered under certification under the same legal entity (list as per format in Table – A)	<i>Annex – 8</i>
9.	List of Managerial Personnel and Teaching faculty (list as per format in Table – B)	<i>Annex – 9</i>
10.	Application Fee - Amount, Cheque / DD No., Date:	<i>Annex – 10</i>
11.	Other Documents, if any (annex list)	<i>Annex – 11</i>

PART –V DECLARATION

I, the Authorized Representative on behalf of our Yoga School, agree to the following Terms & Conditions of QCI as well as Rules and Procedures for QCI Approval under the Yoga School Certification Scheme, and declare the following:

1. All statements, information and documents provided along with this application are correct to the best of our knowledge and belief.
2. IYA criteria, requirements, procedures and documents have been read, understood and implemented.
3. Have adequate resources to teach the Yoga Instructor and Yoga Teacher level courses under the Yoga School Certification Scheme, undergo audit as well as maintain conditions for approval, and shall pay all necessary fee and charges (including any applicable taxes) to IYA.
4. Shall ensure that the operations, faculty, staff and procedures of our Yoga School will always continue to comply with the QCI Scheme requirements and IYA procedures.
5. Shall always maintain impartiality and integrity in all our operations.
6. Shall always provide, or give access to, all documents, records, information and facilities during the entire audit process to enable a thorough audit of our Yoga School.
7. Shall take adequate and prompt corrective and/or preventive action(s) as may be necessary on the issues raised by IYA.
8. Shall immediately notify IYA of any significant changes in organizational status / structure, course

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- curriculum, operations, facilities, main policies, procedures, staff or competence, which are likely to affect our approval.
9. Shall agree to routine audits, surveillances & re-audits as scheduled by IYA and also the verification or surprise visits as decided by IYA.
 10. Any fee and charges payable by our Yoga School and which remains unpaid shall be recovered from our Yoga School with late payment charges as appropriate and decided by IYA.
 11. If our Yoga School or any branches at any time is found not complying with the above declaration or the requirements of QCI as applicable or is found misrepresenting or misusing approval or carrying out malpractices or bringing IYA into disrepute, any action against our Yoga School may be taken including suspension, withdrawal or termination as deemed appropriate by IYA.
 12. If any information given along with this application is later found to be false, IYA may decide to cancel our application/certification.

Authorized Representative	
<i>Signature</i>	
<i>Name</i>	
<i>Designation</i>	
<i>E-mail</i>	
<i>Date</i>	
<i>Place</i>	

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YOGA SCHOOL – BRANCH OFFICE LOCATION(S)			TABLE – A
S.No	Branch School location with complete address	Phone, Fax & E-mail; Local Contact Person (with Designation)	Courses Delivered
1.			
2.			
3.			
4.			
5.			
6.			
7.			
YOGA SCHOOL – MANAGERIAL PERSONNEL, FACULTY			TABLE – B
S.No.	Name with Designation	Qualifications & Years of Relevant Experience	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			

For Any further clarification please contact on the address mentioned below:

INDIAN YOGA Association

68, ASHOKA ROAD

NEW DELHI – 110001

PH No:

Email: iyaprcb@gmail.com