

Examination Centre Consent Form

To

Exam Controller MSPL , PrCB
Approved by Yoga Certification Board
(Ministry of Ayush, Govt of India)

In response to your letter dated _____vide reference number Nil we are submitting our consent to provide you the required infrastructure for the examination to be conducted by you with following details

Institution Details

Name :
Address :
City : State : PIN Code :
Email ID: Land Line No.: Website:
Payment to be Made in Name of :
Payable at :

Personal Details

Name	Designation	Email ID	Mobile Number
	Principal		
	Centre In Charge		
	Invigilator 1		
	Invigilator 2		
	Peon	XX	

Infrastructure Details (Tick ✓ on relevant)

Room Type	Furniture	Air Conditioned	Seating Capacity
Hall / Room	Table Chair/ Bench/Other	Yes / No	
Hall / Room	Table Chair/ Bench/Other	Yes / No	
Hall / Room	Table Chair/ Bench/Other	Yes / No	

Examination Details

Subject : **Voluntary Certification of Yoga Professional**
Type of Exam (Theory / Practical): **Theory & Practical**
Date of Exam : Time : 9:00 AM to 7:00 PM
Expected Number of Students :

The above is best to my knowledge and information.

Yours Truly

Signature & Stamp

<Name>

<Designation>

Date :