



# Central Council for Research in Yoga & Naturopathy

(Ministry of AYUSH, Government of India)

61-65, Institutional Area, Opposite 'D' Block, Janakpuri,  
NEW DELHI -110058

Ph: 28520430/31/32 Fax: 28520435

Website: <http://www.naturopathyday.in> Email:ccryn.go@gmail.com

## Admission Notice - 2024-25

### Treatment Assistant Training Course (TATC)

Central Council for Research in Yoga & Naturopathy (CCRYN), an autonomous organization under Ministry of AYUSH, Government of India proposes to start a full time, practical and career oriented *Treatment Assistant Training Course (TATC)* in Naturopathy of one year duration at Naturopathy Hospital, Rohini, Delhi. The aim of the proposed program is to create trained/skilled manpower in the field of Naturopathy to work in Naturopathy Hospitals, Wellness Centers and other AYUSH Hospitals as Naturopathy Treatment Assistant.

**Academic Qualification:** 10<sup>th</sup> pass.

**Age as on the last date of receipt of application:** upto 30 years

**Age Relaxation:** As per Govt. of India rules

**Number of Seats:** 20 (10 male and 10 female)

**Course fee:** Rs.8, 000/-

Candidates fulfilling the eligibility criteria may submit their applications along with the certificates **within 30 days from the date of advertisement published on 28.01.2024** in 'Times of India and 'Dainik Jagaran (Hindi)' Delhi edition to the Council through Speed Post or by hand. Application form may be downloaded from the Council's website (<http://www.naturopathyday.in>) and may be submitted with a demand draft Rs.200/- (Rupees Two Hundred only) from any Nationalized Bank favouring **Director, CCRYN payable at New Delhi.**

No TA/DA etc. will be provided for attending Certificates verification.

**Director, CCRYN**

**APPLICATION FORM**



**Central Council for Research in Yoga and Naturopathy**

**61-65, Institutional Area, Janakpuri, New Delhi-110 058**

**Ph: 011-28520429, 30, 31, & Fax: 28520435**

**Website: [www.naturopathyday.in](http://www.naturopathyday.in) Email: [ceryn.goi@gmail.com](mailto:ceryn.goi@gmail.com)**

**Treatment Assistant Training Course (TATC)**

**(One year regular programme)**

PHOTO

**(Please fill up all the details in capital letters)**

1. **Name in Capital letters:** .....
2. **Father's Name/Husband's Name:**.....
3. **Date of Birth:**.....**Age** .....
4. **Qualification (please attach self- attested copies of all the certificates):**  
.....
5. **Gender:** ..... **Male/Female**
6. **Category (SC/ST/OBC/Others) (Please attach proof in support of category)**  
.....
7. **Present Address:**  
.....  
.....  
..... PIN: .....
8. **Permanent Address:**  
.....  
.....  
..... PIN: .....
9. **Tel. No:** ..... **Residence:** .....
- Mobile:**..... **E-Mail:** .....
10. **Any other information :**

I agree to follow the rules and regulations of the Council for the TATC programme.

**Declaration:**

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect at any point of time, my candidature/admission may be cancelled/terminated without any notice. I also declare that I am a citizen of India by birth/domicile and belong to OBC category (non-creamy layer) for which I will produce relevant certificate.

Strike out whichever is not applicable.

**Date:**

**Signature of Applicant**

**Place:**

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**For Official Use**

Received with thanks Rs.200/- (Two hundred only) as registration fee from Shri /Smt. /Ms. .... for Treatment Assistant Training Course (TATC) – 2024-25.

**Cashier**

**Admn.-cum-Accounts Officer**