



## 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: 28520429, 30, 31 & 32 Fax: 28520435

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

### Admission Notice – 2024-25

#### Treatment Assistant Training Course (TATC)

Applications are invited for admissions into *Treatment Assistant Training Course (TATC)* of one year duration at Naturopathy Hospital, Rohini, Delhi. **Academic Qualification:** 10<sup>th</sup> pass. **Number of Seats:** 20, **Last date for submission of Application** is extended upto **31<sup>st</sup> May 2024**.

Applications may send to the In-charge, Naturopathy Hospital, Sector-19, Opp. Rohini Jail, Outer Ring Road, Delhi-110085 alongwith with a Demand Draft Rs.200/- (Rupees Two Hundred only) drawn from any Nationalized Bank in favour of Director, CCRYN payable at New Delhi. For more details please visit Council's website [www.naturopathyday.in](http://www.naturopathyday.in) Any addendum/ corrigendum shall be posted only on Council's website.

**Director, CCRYN**

**APPLICATION FORM**



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

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

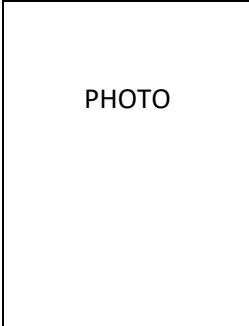
Ph: 011-28520429, 30, 31, & Fax: 28520435

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

**Treatment Assistant Training Course (TATC)**

(One year regular programme)

**(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:**

---

**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**