



QUALITY COUNCIL OF INDIA (QCI)

2nd Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002
Phone: +91-11-2337 8056 / 57; Fax: +91-11-2337 8678; E-mail: manish.pande@qcin.org; Web: www.qcin.org

APPLICATION FORM FOR YOGA SCHOOL

Yoga School Certification Scheme

To apply for QCI Certification under Yoga School Certification Scheme, please complete this application form and send it to QCI at the address mentioned above accompanied by:

1. Documents as listed in Part IV of application;
2. Application Fee (with applicable taxes) in favour of Quality Council of India.

Before completing this application form and submitting application, relevant Yoga School Certification Scheme, documents should be carefully studied. If any clarification is needed, please contact QCI at yogacertification@qcin.org.

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			
		Phone/ Fax/ E-mail Web			
4.	Ownership Details				
5.	Legal Details	Registration	Status		
			Regd. No.		
			Date of Regd.		



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		<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 Location(s) to be certified	School to be	
			<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>	
		Location(s)					
<i>Mention only numbers (employed, contracted and volunteered) above and annex details of managerial staff, key faculty, & specialised experts at the Main Office as well as Branch School locations as per the format in Table B.</i>							



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PART – III		OTHER INFORMATION			
11.	Any recognition from Government authorities – PI 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,				
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	
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>	



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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. QCI 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 QCI.
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 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 QCI.
8. Shall immediately notify QCI of any significant changes in organizational status / structure, course 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 QCI and also the verification or surprise visits as decided by QCI.
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 QCI.
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 QCI into disrepute, any action against our Yoga School may be taken including suspension, withdrawal or termination as deemed appropriate by QCI.
12. If any information given along with this application is later found to be false, QCI may decide to cancel our application/certification.

Authorized Representative

Signature



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<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.			
8.			

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.			
8.			