

## Continuing Yoga Education Programme

Yoga Certification Board conducts assessment and offers certificates to qualified Yoga Professionals under various levels/ category. The certificates offered by the YCB are initially valid for 5 years for level 1 – Yoga Protocol Instructor and for all other levels, the certificate is valid for 3 years. The certified Yoga professional is required to get renewal of his/her certificate before its expiry.

Yoga Certificate Board conducts Continuing Yoga education Program (CYEP) for renewal of Certificates. CYEP aims at motivating the candidate in career growth of Yoga Professionals. CYEP includes 2 components:

- Assessment of candidates performance during the period of certification
- Orientation to strengthen the candidate's skill as Yoga Professional

The program is for 2-3 days. Certified Yoga Professionals shall have to attend atleast one of the programs for renewal of certificates before the expiry of the certificate by opting any of the following:

- Attending one CYEP program of 2 -3 days at Leading Yoga Institutions
- Participating in virtual CYEP through Vide Conference or virtual mode which shall include submitting the report on training of persons conducted alongwith supporting documents and appearing for exam before the Committee.

After the 1st CYE program the committee may recommend issuing the certificate to the candidate for life term or may recommend to attend 2<sup>nd</sup> CYEP before issuing the certificate for life term.

The certificate of the certified Yoga professionals who has not attended the CYEP will lose its validity after the validity period.

The candidates shall be sent renewal notice through telephonic message/ email at least 6 months prior to expiry of certificate validity period. The certified yoga Professional shall apply for CYEP along with the prescribed within 3 months prior to expiry of certificate validity period.

The schedule for CYEP shall be available on YCB website. The candidate shall have to select preferred venue for attending CYEP or the virtual mode for attending the CYEP.

The candidate shall submit all the requisite documents online at least 2 months before the due date of the CYEP. In absence of all the required documents, the marks awarded against the head shall be zero.

There shall be separate CYEP for each level.

The candidate has to secure atleast 70% marks in the CYEP assessment process for renewal of the certificate. After successfully completing the CYEP, the assessment team may recommend granting of certificate for fixed period or for life. Based on the performance of the candidate, assessment team may recommend the candidate to undertake another round of CYEP before granting the certificate for life.

The marks for assessment for renewal shall be in 3 parts:

Topic	CYEP	Virtual CYEP
Attending CYEP	50	30
Persons trained/ field experience	25	45
Written test/ demonstration or viva	25	25

### Mark Distribution for CYEP

S. No	Topic	Maximum marks	Marking Criteria	Documents required																		
1	Attending CYEP	50	Attending all session of CYEP	Attendance sheet of all session of CYEP																		
2	Persons trained/ field experience	25	<p>The Yoga Professionals field experience in conducting training programme/ Yoga camps and the feedback received from the trainees/ organization.</p> <p>It can be in 3 forms</p> <ul style="list-style-type: none"> <li>No. of persons trained or</li> <li>No. of camps organized or</li> <li>No. of years of experience in the file of Yoga</li> </ul> <table border="1"> <thead> <tr> <th>No. of persons trained</th> <th>Marks</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0 marks</td> </tr> <tr> <td>1-25</td> <td>1-5 marks</td> </tr> <tr> <td>26-50</td> <td>6-10 marks</td> </tr> <tr> <td>51-100</td> <td>11- 15 marks</td> </tr> <tr> <td>101-200</td> <td>16-20 marks</td> </tr> <tr> <td>200 and above</td> <td>21-25 marks</td> </tr> </tbody> </table> <p>Working experience in Yoga with an organisation</p> <table border="1"> <thead> <tr> <th>Experience</th> <th>Marks</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0 marks</td> </tr> </tbody> </table>	No. of persons trained	Marks	0	0 marks	1-25	1-5 marks	26-50	6-10 marks	51-100	11- 15 marks	101-200	16-20 marks	200 and above	21-25 marks	Experience	Marks	0	0 marks	<ul style="list-style-type: none"> <li>Name with phone no. of the persons trained.</li> <li>Feedback from 5% of the persons trained with minimum of 5 feedback forms and maximum of 50 forms.</li> <li>Experience letter from the organizations</li> <li>Letter from competent authority certifying that the concern person has organized or was part of the organizing team for Yoga camps</li> </ul>
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### Mark Distribution Virtual CYEP

S. No	Topic	Maximum marks	Marking Criteria	Documents required								
1	Attending CYEP	30	Attending the online session of CYEP	Online attendance								
2	Persons trained/ field experience	45	<p>The Yoga Professionals field experience in conducting training programme/ Yoga camps and the feedback received from the trainees/ organization. It can be in 3 forms</p> <ul style="list-style-type: none"> <li>No. of persons trained or</li> <li>No. of camps organized or</li> <li>No. of years of experience in the file of Yoga</li> </ul> <table border="1"> <tr> <td>No. of persons trained</td> <td>Marks</td> </tr> <tr> <td>0</td> <td>0 marks</td> </tr> <tr> <td>1-25</td> <td>1-5 marks</td> </tr> <tr> <td>26-50</td> <td>6-10 marks</td> </tr> </table>	No. of persons trained	Marks	0	0 marks	1-25	1-5 marks	26-50	6-10 marks	<ul style="list-style-type: none"> <li>Name with phone no. of the persons trained.</li> <li>Feedback from 5% of the persons trained with minimum of 5 feedback forms and maximum of 50 forms.</li> <li>Experience letter from the organizations</li> <li>Letter from</li> </ul>
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Application No.: -----



आयुष्य मंत्रालय, भारत सरकार  
Ministry of Health, Govt. of India

**योग प्रमाणीकरण मंडल  
YOGA CERTIFICATION BOARD**



**Application Form for CYEP for renewal of Certificate of  
Yoga Professionals**

Photo

**Part –I (Enrolment)**

1. Existing Certificate No. : \_\_\_\_\_
2. Personal Information (Data as per records to appear and any changes if required can be done by the candidate)

a.	Title (Shri/ Smt. /Ms./Dr.)	
b.	First Name	
c.	Middle Name	
d.	Last Name	
e.	Gender (Male/ Female/others)	
f.	Date of Birth (DD-MM-YY)	
g.	Nationality	
h.	Father's Name	
i.	Mother's Name	
j.	Spouse's Name	
k.	Category	(SC/ ST/ OBC/EWS/General)
l.	PwD Certificate (Attach certificate)	
m.	Correspondence Address	City..... State..... Pin Code ..... Country.....
n.	Permanent Address	City..... State..... Pin Code ..... Country.....
o.	Mobile	
p.	E-Mail ID	
q.	Type of ID copy attached (Passport, Aardhar Card, Govt. issued Photo ID, Driving licence, Voter ID)	
r.	ID no.	

### 3. Educational Qualification and Skill

- a. Academic Qualifications Below Secondary/ Secondary /higher Secondary/  
Diploma /Graduate/ Post Graduate/PHD/ Any other
- b. Yoga Qualifications None/ Certificate/Diploma /Graduate/ Post  
Graduate/PHD/Any other

### 4. Working experience in Yoga

- a. Yoga experience > 1 year ,  
> 2 years,  
3-5 years,  
5-10 years,  
10 -20 years ,  
>20 years (Pl. attach the document)

### 5. Pre-Medical history Information / declaration

- a. Do you have any family history of :
- i. Heart ailment  YES  NO
  - ii. Diabetes  YES  NO
  - iii. Mental illness  YES  NO
  - iv. Tuberculosis  YES  NO
- b. Whether you have undergone any surgical operation in the past?  Yes  No
- c. Do you take any medicines regularly?  Yes  No . Details
- d. Do you have any body deformity or defect?  Yes  No Details
- e. Do you have any problem of Rheumatism / Asthma / Joint pain?  Yes  No
- f. Do you have any large veins in your legs, thighs (varicose -veins)?  Yes  No
- g. Are you color blind?  Yes  No
- h. Do you have any hearing problem?  Yes  No
- i. Have you ever had any skin disorder?  Yes  No
- j. Have you ever had medical treatment for?
- i. Allergies  YES  NO
  - ii. Hay fever  YES  NO
  - iii. Reaction to surgery  YES  NO
  - iv. Reaction to medicine  YES  NO
  - v. Sprain  YES  NO
  - vi. Fracture or broken bone  YES  NO

- vii. Diabetes  YES  NO
- viii. Fits  YES  NO
- ix. Eye trouble  YES  NO
- x. Fainting spells  YES  NO
- xi. Heart troubles or High Blood Pressure  YES  NO
- xii. Hernia or Rupture  YES  NO
- xiii. Injury to knee joints  YES  NO
- xiv. Paralysis or weakness in arms or legs  YES  NO
- xv. Emotional upsets  YES  NO
- xvi. Tuberculosis  YES  NO
- xvii. Rheumatism  YES  NO
- xviii. Prolonged fever  YES  NO
- xix. Back pain  YES  NO
- xx. Sacroiliac  YES  NO
- xxi. Any other health condition  YES  NO

**Agreement and Signature**

By submitting this application, I confirm that the facts stated in it are true and complete. I understand that if I am accepted as a candidate, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate withdrawal of my application and legal prosecutions applicable and debarment from applying further and forfeiture of the fee already paid.

I confirm that:-

- I waive my rights to claim for any injury incurred by me during the physical assessment element of the examination.
- I have read the self-declaration and agree to abide by the terms and conditions contained in them.
- I have no pending judicial proceedings relating to my conduct
- I have no pending proceedings by any regulatory authority
- I know of no instances of discomfort/disability of any students till date, except as listed below

List any instances of discomfort/disability of any students till date	Name(s) of students	Incidents reported

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

## Part – II (Assessment)

6. Mode of CYEP: Face to Face  Virtual
7. Preferred CYEP Center:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
8. Preferred date of CYEP (selected from the list): \_\_\_\_\_
9. Language for Assessment (preferred): \_\_\_\_\_
10. Number of person trained: \_\_\_\_\_  
(Attach list with Name, phone no. and place in excel sheet)
11. Number of feedback forms: \_\_\_\_\_  
(Attaché JPEG/PDF in zip file) –
12. Year of experience: \_\_\_\_\_  
(Attach Experience letter from the organizations (JPEG/PDF file)
13. Number of Yoga cam organized: \_\_\_\_\_  
(Letter / document certifying that the concern person has organized or was part of the organizing team for Yoga camps - PDF/JPEG file)
14. Any other information: (attach document if required)

### **SELF-DECLARATION**

I, ....., confirm that I follow the Yamas and Niyamas as delineated in Patanjali Yoga Sutras to the best of my ability in my day-to-day life and promise to continue to do so in future. I understand that if I am found blatantly violating the Yamas and Niyamas at a later date, my certification can be suspended and withdrawn.

I also confirm that I am in good health to be able to impart Yoga education and will bring to your notice when there is a change in my health which will adversely affect my functioning as a Yoga professional. I understand that if I am found not fit health-wise to be a Yoga professional at a later date, my certification can be suspended and withdrawn. I will ensure a safe and protected environment in which an aspirant can grow physically, mentally, and spiritually. I confirm that I have read and understood the document forming part of this declaration.

Signature of the candidate: \_\_\_\_\_

Date: \_\_\_\_\_