AMERICAN UNIVERSITY OF SPIRITUAL SCIENCE

INDIA - DIPLOMA APPLICATION FORM

Application No.	
Date of Application	/ / 20
Admission / Exam Centre	
Academic Year	20____ - 20____

Recent Passport Size Photograph

SECTION A: CANDIDATE INFORMATION

Full Name as per ID	
Gender	☐ Male ☐ Female ☐ Other
Date of Birth / Age	/ / Age:
Nationality	
Mobile Number (WhatsApp)	+91
Email ID	
Full Address	
City / State / PIN / Country	/ / /

SECTION B: ACADEMIC AND ARTISTIC DETAILS

Discipline	☐ Music ☐ Dance ☐ Yoga ☐ Spiritual & Allied Sciences
Specific Subject / Art Form	
Teacher Name	
Teacher Registration ID	
Highest Qualification	
Previous Board / University	
Previous Certificates / Diploma	Level: Year: Grade:

SECTION C: DIPLOMA SEM-WISE COURSE SELECTION

Select	Diploma Semester / Year	Minimum Age	Fee as per course structure	Payment Status
☐	1st Sem - 1st Year	15 years above	Rs. 4,150/-	☐ Paid ☐ Pending
☐	2nd Sem - 1st Year	15 years above	Rs. 4,150/-	☐ Paid ☐ Pending

Note: Website course structure lists Diploma 1st Sem for 1st Year fee as Rs. 4,150/- and 2nd Sem for 1st Year fee as Rs. 4,150/-.

SECTION D: FEE PAYMENT AND INSTALLMENT OPTION

Choose	Payment Option	Applicable Semesters	Total Fee	Remarks
☐	Full Diploma Payment	1st Sem + 2nd Sem	Rs. 8,300/-	One-time payment for full Diploma course
☐	Semester-wise Payment	Per semester	Rs. 4,150/- each	Payment semester by semester

SECTION E: DOCUMENTS ENCLOSED

Select	Document	Upload / Enclosed	Verified by Office
☐	Recent Photograph	☐ Yes ☐ No	☐ Yes ☐ No
☐	ID Proof / Aadhaar / Passport	☐ Yes ☐ No	☐ Yes ☐ No
☐	Previous Certificates / Diploma	☐ Yes ☐ No	☐ Yes ☐ No
☐	Payment Proof / Screenshot	☐ Yes ☐ No	☐ Yes ☐ No
☐	Teacher Recommendation / Bonafide Certificate (if applicable)	☐ Yes ☐ No	☐ Yes ☐ No

SECTION F: DECLARATION BY CANDIDATE

I declare that all the information furnished in this application form is true and correct to the best of my knowledge. I understand that admission, examination, evaluation and certification are conducted under the autonomous academic framework of American University of Spiritual Science. I agree to follow the rules, fee payment schedule, examination requirements and decisions of the University / Examination Board.

Candidate Signature	Parent / Guardian Signature (if applicable)
Date: ____ / ____ / 20____	Place:

SECTION G: FOR OFFICE USE ONLY

Application Received By	Name: Signature:
Eligibility Checked	☐ Eligible ☐ Pending ☐ Not Eligible
Admission Status	☐ Approved ☐ Pending Documents ☐ Rejected
Assigned Registration No.	
Approved Semester / Year	☐ 1st Sem - Year 1 ☐ 2nd Sem - Year 1 ☐ Full Diploma Course
Approved Fee Plan	☐ Full Payment ☐ Semester-wise ☐ Installment Plan
Remarks	