



PARA YOGASANA SPORTS PROMOTION COMMITTEE

YOGASANA BHARAT

Registration No. S/ND/1042/2020

Recognized by Ministry of Youth Affairs & Sports, Government of India | Affiliated to World Yogasana
Associate Member: Indian Olympic Association

President
Udit Sheth

Secretary General
Dr. Jaideep Arya

Director
Dr. Navdeep Joshi

Convener
Dr. Sunanda Rathi

File No. YB/63/2025-26

Date: 25.08.2025

CIRCULAR

To,

1. The President/ Secretary,
Affiliated State/UT Yogasana Sports Association
2. The Assistant Secretary,
All India Police Sports Control Board
3. The Dy. Secretary (Sports & Academics),
Central Board of Secondary Education
4. The Chief Executive & Secretary,
Council for the Indian School Certificate Examinations

Subject: 1st Para National Yogasana Sports Championship 2025-26 (Men & Women) at Morarji Desai National Institute of Yoga (MDNIY), New Delhi on 27th & 28th September 2025.

Dear sir/madam,

We are glad to inform you that 1st Para National Yogasana Sports Championship 2025-26 (Men & Women) will be organised by Para Yogasana Sports Promotion Committee of Yogasana Bharat and Navyoga Suryodaya Seva Samiti on 27th & 28th September 2025 at Morarji Desai National Institute of Yoga (MDNIY), 68, Ashoka Road, New Delhi. This championship will be the promotional championship for the para athletes. Along with the championship, a Conference on Para Yogasana Sports is scheduled at MDNIY on 26th & 27th September 2025. The registration for the championship will start on 26th September 2025 at 9 AM.

You are requested to confirm the participation of athletes, Team Managers and Coaches at New Delhi for the above said championship. The guidelines/instructions for the above said championship is as under:

1. Reporting & physical verification of the documents at the registration desk will be on 26th September 2025 before 3 PM.
2. Teams can start departure from 8 PM on 28th September 2025 and before 12 noon of 29th September 2025.
3. All affiliated Units are authorized to organize state level championship or selection trials to select athletes for the above said National Championship.

Address: In campus of Guru Gorakhnath Mandir, Phase 1, Pocket 3, Sector 7, Dwarka, New Delhi - 110075 | Registration No. S/ND/1042/2020

T: +91(11)42636206 | E: secretariat@yogasanabharat.com

गुरु गोरखनाथ मंदिर परिसर, फेज 1, पॉकेट 3, सेक्टर 7, द्वारका, नई दिल्ली - 110075, भारत.

W: www.yogasanasport.in

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4. The competition events and number of athletes per event (male & female separately) is as under:

Event	Age Category & No. of Athletes	
Orthopaedically Handicapped - OH A (Person with 50% - 75% disability)	Under 20 3 athletes	Above 20 3 athletes
Orthopaedically Handicapped - OH B (Person with more than 75% disability)	Under 20 3 athletes	Above 20 3 athletes
Blind	Under 20 3 athletes	Above 20 3 athletes
Deaf & Mute	Under 17 3 athletes	Above 17 3 athletes

5. The cut-off date for age calculation will be as and on 1st January 2025.



Age Category	Age Range
Under 17	31 st Dec 2014 to 1 st Jan 2008 (Both dates inclusive)
Above 17	31 st Dec 2007 to 1 st Jan 1970 (Both dates inclusive)
Under 20	31 st Dec 2014 to 1 st Jan 2005 (Both dates inclusive)
Above 20	31 st Dec 2004 to 1 st Jan 1970 (Both dates inclusive)

6. Last date of Submitting entries is 14th September 2025. The entries must be submitted by affiliated units in prescribed format on email to Yogasana Bharat (YB) (secretariat@yogasanabharat.com). All the necessary documents must be scanned and to be sent on email to YB. In case of lack of necessary documents, it will be asked to furnish within stipulated time frame and on non receipt of the necessary documents, the candidature for participation in the competition can be cancelled.
7. Medical Fitness Certificate, Risk Certificate and Disability Certificate is mandatory. Athletes must bring their latest passport size photographs. The Team Manager of respective State/UT team should submit the same to Competition Director.
8. One support person on five athletes is permitted. Support person may be referred as Team Manager, Team Coach, Physiotherapist, Attendant.
9. State/UT Associations should bring 2 Association flag along with them (3x2 ft & 6x4 ft).
10. The Competition Director will collect the certificates/documents and then only the athletes will be allowed to participate in the championship.
11. Athletes/Team Managers/ Coaches/ others are requested to refer latest rules & regulations (Code of Points) of the competition available on the website <https://yogasanasport.in/para-national-syllabus/> .
12. There will be no entry fees for the championship.

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13. The accommodation will be done in Gurudwara nearby. However, anyone willing to stay on their own must inform prior to us before 14th September 2025. Without permission in writing, no one will be allowed to stay on their own. Violation of this point can lead to cancellation of candidature for the championship. Nodal Person for self stay permission is Dr. Vikram Singh (9868614409).
14. Mr. Ram Chawla will be the Observer for the said Championship.

15. Contact Details for any queries:

A. For Food, Accommodation & Stay:

1. Ms. Bhawana Chodhari (7838641185)
2. Mr. Dipak Gupta (9507864631)

B. For Technical Assistance:

1. Mr. Tasvir Singh (9818130297)
2. Mr. Hemant Sharma (9716710471)

C. For Registration & Document Verification:

1. Dr. Vikram Singh (9868614409)

16. How to reach:

- a) **Nearest Railway Station:** New Delhi (04 kms).
- b) **Nearest Bus Stand:** ISBT Kashmiri Gate (15 kms)
- c) **Nearest Airport:** Indira Gandhi International Airport (about 18 kms)
- d) **Nearest Metro Station:** Patel Chowk Metro Station (700 meters)

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Dr. Sunanda Rathi
Convener
Para Yogasana Sports Promotion Committee

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Dr. Navdeep Joshi
Director
Para Yogasana Sports Promotion Committee

Encls:

- A. Format of Risk Certificate
- B. Format of Medical Certificate
- C. Athlete Entry Proforma



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Director
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Dr. Sunanda Rathi

Copy, for information to:

- 1) Secretary (Sports), Department of Sports, Ministry of Youth Affairs & Sports, Government of India, Shastri Bhawan, New Delhi.
- 2) Secretary, Ministry of AYUSH, Government of India, Ayush Bhawan, B Block, GPO Complex, INA, New Delhi.
- 3) Director General, Sports Authority of India, Jawaharlal Nehru Stadium, New Delhi.
- 4) Director (Sports), Department of Sports, Ministry of Youth Affairs & Sports, Government of India, Jawaharlal Nehru Stadium, New Delhi.
- 5) Executive Director (TEAMS Division), Sports Authority of India, Jawaharlal Nehru Stadium, New Delhi.
- 6) Project Officer- Yogasana, TEAMS Division, Sports Authority of India, Jawaharlal Nehru Stadium, New Delhi.
- 7) President, Indian Olympic Association, Olympic Bhawan, Qutub Institutional Area, New Delhi.
- 8) Director General, National Anti Doping Agency, Hall No. 103-104, Jawaharlal Nehru Stadium, New Delhi.
- 9) Director, Morarji Desai National Institute of Yoga, Ashoka Road, New Delhi.
- 10) President/Secretary General, World Yogasana, 68, Ashoka Road, New Delhi, India.
- 11) President/ Secretary General, Asian Yogasana, India.
- 12) Executive Council, Yogasana Bharat, New Delhi.
- 13) President/General Secretary, Delhi Olympic Association.
- 14) The Director, Directorate of Education, Government of Delhi.
- 15) Executive Director, NS NIS, Patiala.
- 16) State/UT Commissioners for Persons with Disabilities
- 17) Secretary, Department of Social Justice & Empowerment, Ministry of Social Justice & Empowerment, Govt of India
- 18) Chief Minister Office, Delhi.

Sunanda Rathi ..

સુનંદા રથી

Dr. Sunanda Rathi

Convener

Para Yogasana Sports Promotion Committee

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Director



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REGISTRATION FORM

RISK CERTIFICATE/DECLARATION/UNDERTAKING

1.	Name of State/UT				PHOTO		
2.	Name of State/UT Association						
3.	Name of the Athlete (In Capital letters)						
4.	Date of Birth (DD.MM.YYYY)		Weight (In Kg)		Gender	Male/Female	
5.	Athlete I'D Card No.			Mobile No.			
6.	Father's Name			Mother's Name			
7.	Address						
8.	Email			Age Group			
9.	Events (Tick the box)	OH - A (Under 20)		<input type="checkbox"/>	OH-A (Above 20)		<input type="checkbox"/>
		OH – B (Under 20)		<input type="checkbox"/>	OH – B (Above 20)		<input type="checkbox"/>
		Blind (Under 20)		<input type="checkbox"/>	Blind (Above 20)		<input type="checkbox"/>
		Deaf & Mute (Under 17)		<input type="checkbox"/>	Deaf & Mute (Above 17)		<input type="checkbox"/>
10.	Document Type	Aadhar Card/ Pan Card/ Voter ID/Passport/ Driving Licence (attach copy of any one)					
11.	Document No.						
12.	Disability Certificate No.	(Kindly attach Disability Certificate)					
13.	Name of Competition	1 st Para National Yogasana Sports Championship 2025-26 (Men & Women)					

I..... do hereby undertake that I have read, understood and acknowledged the rules & regulations of Yogasana Bharat and undertake that I will abide by the Rules & Regulations of the Yogasana Bharat, and myself alone will be responsible for any untoward incidence, if occurred, during travelling or during performance or during my stay at the place of Championship and under any circumstances, I will not hold either the Yogasana Bharat or the organizers of the Championship, responsible for any such incidence.

I further undertake that I am fully fit for participating in the Championship and is not suffering from any ailment as per Medical Advice. I am Medically fit to perform the Asanas, which I have selected to perform in the Championship from the Code of Points of Yogasana Bharat.

SIGNATURE OF ATHLETE

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE & SEAL OF AUTHORITY

STATE/UT YOGASANA SPORTS ASSOCIATION

DATED.....

MEDICAL FITNESS CERTIFICATE

This is to certify that, I have examined

Name of the athlete:

Age:..... Male/Female, Resident of

.....
And I am satisfied beyond doubt that he/she is fully fit/not fit for participating in

1st Para National Yogasana Sports Championship 2025-26.

Signature and seal of registered Medical Practitioner

Regd. No.

Name.....

Date.....