

# INDIAN COUNCIL OF SKILL DEVELOPMENT EDUCATION

(An Autonomous Body NCT Dep. Of Labour Govt. Of India, IYA Govt. India)

2nd floor Pooniya basti

Rampuriya Rajasthan

331305 (INDIA)

## **Advertisement for Trainer (Yoga)**

Applications are invited for the posts of Trainers (Yoga) purely on contract basis for the project 'CM Di Yogshala'. Applications on the prescribed proforma to be submitted along with all the relevant documents by E-mail - [infoicsdeinstitute@gmail.com](mailto:infoicsdeinstitute@gmail.com) Get Online Apply <https://icsde.org.in/career> Apply New.

Designation	Trainer (Yoga)
No of Posts	80 ( 40 B/40 G) (Number of Posts may be increased or decreased as per requirement)
Qualification	<ul style="list-style-type: none"><li>• 10+2 with at least one- year regular Diploma in Yoga from a recognized Institute / University. And</li><li>• Desirable working Experience in Public yoga programs of reputed organization.</li></ul>
Salary	Rs. 25000/- per month for full time (inclusive of all expenses).
Last date of application	20-02-2026 (upto 05:00 PM through email or by post)

For all other details and updates please visit University website [www.icsde.org.in](http://www.icsde.org.in)

**Registrar**

**Application for the post of Trainer (Yoga) on contract basis**

**APPLICATION FORM**

1. Name of applicant:.....

2. Father's /Husband's Name: .....

3. Address for correspondence:.....

.....

4. Phone No. (Res/Mobile) :.....

5. E-Mail ..... (in Capitals)

6. Nationality:.....

7. Date of Birth:..... Age as on 31.12.2025: .....Y .....M ..... D

8. Category:.....

9. Details of Educational Qualifications(From 10th Standard Onwards):-

Sr. No.	Educational Qualification	Name of the Board/University	Name of the Institute/College	Year of Passing	%age of Marks

10. Details of Experience: ( No Required)

Sr. No.	Name of Organization	Pay Scale	Period	Work Done

11. Testimonials:

a. Matriculation Certificate.....

b. Senior Secondary/10+2 .....

c. Degree: .....

d. Diploma/Degree (In Yoga Sciences): .....

e. Relevant Experience Certificates:.....

f. Category Certificate:.....

I, ..... (Name of candidate) hereby certify that the information/testimonials provided is true to the best of my knowledge and in case any facts/testimonials are found to be false or incorrect or suppressed, I shall be liable to be terminated from employment for which I have applied.

Date:

Signature of the applicant

Self attested  
recent  
Passport size  
Photograph