

**Yoga connections**  
*Experience the difference*



**In association with Yoga Vidya Gurukul, India**



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**YOGA INSTRUCTOR'S TRAINING COURSE  
APPLICATION FORM**

**Personal Particulars**

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

Address: \_\_\_\_\_

\_\_\_\_\_ Sex: Male / Female

Contact Number: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

**General Information:**

1. Any previous surgeries done? If yes, please specify: \_\_\_\_\_ Yes /No
2. Any major diseases? If yes, please specify: \_\_\_\_\_ Yes/No
3. Any present physical complaints? If yes, please specify: \_\_\_\_\_ Yes/No
4. Taking any doctor's medications? If yes, please specify: \_\_\_\_\_ Yes/No
5. Presently doing any exercises? Specify: \_\_\_\_\_
6. Any yoga practice experience? If yes, place learned: \_\_\_\_\_ Yes/No
7. No. of years of yoga experience: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant