

In association with Yoga Vidya Gurukul, India



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**YOGA INSTRUCTORS 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, please learned : _____ Yes/No
7. No. of years of yoga experience : _____

Date

Signature of Applicant