

AATMABODH ACADEMY OF YOGA
AYURVEDA NATUROPATHY HEALTH SCIENTIFIC RESEARCH CENTRE
ADMISSION FORM - YOGA INSTRUCTOR COURSE

Photo

(Please fill the form using only capital letters)

NAME: DR./MR/MRS/MISS: _____

First Name Middle name Surname

DATE OF BIRTH: _____ **AGE** _____

ADDRESS: _____

Tele (resi) _____ **(office)** _____

E-mail address: _____ **mobile no** _____

Present occupation (mention clearly the nature of your job activity and designation)

Address of your working place or your college:-

Educational qualification: _____

Yogic training acquired before (mention the name of training centre)

PLEASE WRITE YOUR NAME IN CAPITAL AS YOU WANT IT TO BE ON YOUR CERTIFICATE:

DECLARATION: I have carefully gone through the prospectus of the **YOGA INSTRUCTORS COURSE** conducted by the **AATMABODH ACADEMY OF YOGA**. I do hereby undertake to comply with rules and regulations of the Institute and also to accept the changes in these rules or in the curriculum of the course if so made by the Institute during the course period.

DATE: _____

SIGNATURE OF APPLICANT

Instructions for the candidate:-

- The application form should be complete in all respects.
- The photocopy of the educational qualifications. Without photocopies the form will not be accepted.