



Application Form for YPC RESIDENTIAL TRAINING PROGRAMME

I wish to join the **YPC Programme** offered by **TYOGA** at **Chidambaram**. I apply for this residential skill training, to become a Professional Yoga Master. I will abide by the rules, regulations and etiquette stipulated. I confirm that I undertake to give the necessary fees where ever applicable, in full before joining the programme.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE (IN CAPITALS)

1. Name	:	<input type="text"/>
2. Mother's Name	:	<input type="text"/>
3. Father's Name (As given in SSC/HSC/ICSE etc.)	:	<input type="text"/>
a) Profession / Designation	:	<input type="text"/>
b) Annual Income	:	<input type="text"/>
4. Date of Birth & Age	:	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/> Age <input type="text"/> <input type="text"/> Yrs. Gender: M <input type="checkbox"/> F <input type="checkbox"/>
5. Place of Domicile	:	<input type="text"/>
6. Blood Group	:	<input type="text"/>
7. Marital Status	:	<input type="text"/>
8. a) Nationality	:	<input type="text"/>
b) Religion	:	<input type="text"/>
c) Category (If claiming reservation)	:	SC <input type="checkbox"/> ST <input type="checkbox"/> OC <input type="checkbox"/> PC <input type="checkbox"/> BC Category
9. Mailing Address Line 1	:	<input type="text"/>
(in capital letters) Line 2	:	<input type="text"/>
Village/Town/City	:	<input type="text"/>
State	:	<input type="text"/>
	:	Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ph (with STD code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	:	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	:	E-mail <input type="text"/>
10. Details of Local Guardian (If any)	:	<input type="text"/>
a) Name	:	<input type="text"/>
b) Relationship with the candidate	:	<input type="text"/>
11. Do you have any medical problems:		<input type="text"/>

Signature of the Candidate

Application No:.....

Date Received:.....

Payment Receipt No:.....

Signature of TYOGA Authorised Person

TYOGA YPC

12. Particulars of the Qualifying Examinations:

Institution	Year of Passing	Board / University	% of Marks	Division

(Photo copy of certificate must be enclosed self attested)

13. Work Experience (Please Enclose Certificates)

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14. Accomplishments (Hobbies, Interests, NCC, Sports, Cultural):

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15. Have you done any kind of social work (if you have, explain what you have done and for how long and why):

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16. Your aim in applying to this course:

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17. Have you learned yoga at anytime?

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18. If you have learnt yoga, tell us about your personal Yoga practice, frequency, duration:

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19. Have you any health issues or medical conditions presently or previously?

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20. Are you on any medication?

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21. Is there anything you would like to say or share with us?

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22. Declaration by the Applicant and Parent / Guardian.

I declare that all the foregoing statements made in this application are true. I accept that any statement made in this application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

I declare that I have not jointed or will not join any course of study of any University / Institute during the period of my study at **TYOGA** and will abide by all the rules and regulations set by **TYOGA**.

Declaration by the participant: I am participating in the programme(s) offered at **TYOGA** on my own and shall follow the rules, regulations and etiquette of the Kurukulam. I shall follow the instructions of the guides / teachers / asans and staff. I shall not claim in anyway whatsoever for my actions against them or the Kurukulam, and, relieve them all from all responsibility and liability. I, as a participant, hereby allow the Kurukulam to use my name, photographs, written material submitted by me in various communications, and photographs or video taken by the Kurukulam, if required.

(Signature of the Parent / Guardian)

Date :.....

Place :.....

(Signature of the Applicant)

Date :.....

Place :.....

Please write in your own words as to why you wish to join this course on a separate page and attach it to this form and signed by you indicating that it is you who has written down the text presented. Please also tell us why you like to be a Professional Yoga Master.

All offerings / payments are used for the sole purpose of educational and research activities. Please note, ONCE PAYMENT IS MADE, and your place is reserved, it is non-refundable.

I understand and give my permission to begin my YPC programme with TYOGA. i

Name: _____ Date: _____ Signature: _____

Note: Please do not write below this line.

Official use only

Approved By: _____ Roll No.: _____ All Paid: _____

Date of First Day Practice: _____ Teacher: _____

Comments:

