



ISHWARDAS CHUNILAL YOGIC HEALTH CENTRE  
**KAIVALYADHAMA**

43, NETAJI SUBHASH ROAD, MUMBAI 400 002

Tel. : (0091-22) 22818417 / 22886256 E-mail : [kdhamyogcenter@gmail.com](mailto:kdhamyogcenter@gmail.com) web: [www.yogcenter.com](http://www.yogcenter.com)

**APPLICATION FORM**

**ADMISSION TO Yoga Instructor/Teacher Course**  
**Certificate/PG Diploma Course in Yoga Education (Year .....)**

**NOTE:**

1. Please fill the Personal Details section of the form in BLOCK LETTERS
2. This Application form is to be printed and filled appropriately and must be submitted to the Institute (at above address) (Time: 06:00 AM to 07:30 PM)
3. Photocopies of the **(a) educational qualifications** and **(b) age proof** must be attached with the application form. Original certificates are to be produced at the time of interview.
4. **Fees** must be paid at the time of submission of the form (attached with photocopies mentioned above). In case of payment by cheque/D.D/. It should be drawn in favor of 'I.C.Y.H.C., KAIVALYADHAM TRUST'.

PHOTO

**PERSONAL DETAILS**

<b>NAME:</b>	(MR/ MRS/ MS )			
	(Surname)	(First Name)	(Middle Name)	
<b>DATE OF BIRTH:</b>		<b>AGE:</b>	(yrs.)	
(dd/mm/yyyy)				
<b>ADDRESS:</b>				
<b>CONTACT</b>	<b>MOBILE:</b>		<b>LANDLINE:</b>	
	<b>EMAIL:</b>			
<b>PRESENT OCCUPATION:</b>				
<b>ADDRESS OF WORKPLACE/COLLEGE:</b>				



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**APPLICATION FORM**

**EDUCATIONAL QUALIFICATION:**

**YOGA TRAINING ACQUIRED BEFORE:** (Mention the name of course, training centre etc.)

**TWO REFERENCES:**

**1 NAME:**

**ADDRESS:**

**CONTACT NUMBER:**

**2 NAME:**

**ADDRESS:**

**CONTACT NUMBER:**

**DECLARATION:**

I have carefully gone through the prospectus of Certificate Course in Yoga Education conducted by Kaivalyadhama (I.C. Yogic Health Centre, Mumbai. I do hereby undertake to comply with rules and regulations of the Institute and also 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**



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**APPLICATION FORM**

**MEDICAL CERTIFICATE**

This is to certify that Mr. / Mrs. / Miss \_\_\_\_\_  
has been medically examined by me today and he/she does not suffer from any chronic illness  
e.g. High Blood Pressure, Diabetes, Bronchial Asthma, Spondylosis, Arthritis, Schizophrenia, any  
kind of hernias, etc., which will prevent him/her from undergoing intensive Yoga practices.

**DATE:**

**SIGNATURE OF DOCTOR:**

**NAME OF DOCTOR:**

**REGISTRATION NUMBER  
& SEAL**

**ADDRESS OF CLINIC:**

**1. WHY DO YOU WANT TO JOIN THE COURSE:**

**2. WHAT IS YOGA ACCORDING TO YOU? PLEASE WRITE ON 'IMPORTANCE OF YOGA IN ONE'S LIFE'.**



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**APPLICATION FORM**

<b>3. WHAT ARE YOUR FUTURE PLANS?</b>
<b>4. HOW MANY YOGA INSTITUTES ARE YOU AWARE OF? WRITE THE NAMES.</b>

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_