

SCHOOL of SANTHI

Yoga School – T.C. 15/1572 M.P.Appan Road, Vazhuthacaud, Trivandrum 695 014, Kerala, India
email: santhischool [@] yahoo.co.in website: www.schoolofsanthi.com

REGISTRATION FORM – page 1

Print the form, fill it in and sign it. Include 2 passport size photos and a copy of your passport. Scan the documents and send them by email to our administration at santhischool [@] yahoo.co.in

Please fill in the form with BLOCK LETTERS, thank you!

attach 2 passport
size photos

Course:

Course Date:

Name:

Surname:

Male:

Female:

Date of birth:

Place of birth:

Nationality:

Passport number:

Date of expiry:

Country of residence:

Occupation:

Residence address:

Contact phone:

Cell phone:

Email address:

Permanent address:

Experience of Yoga:

Languages known:

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REGISTRATION FORM - page 2 *Fill in the form with BLOCK LETTERS, thank you!*

Course:

Course date:

Full Name of applicant:

Reference in country of residence:

Reference in India (if any):

Name:

Name:

Address:

Address:

contact phone:

contact phone:

contact email:

contact email:

The information furnished above in page 1 and 2 and documents submitted are true to the best of my knowledge. I agree to follow the school regulations and will do my very best to study and follow the studies in this Yoga Teachers Training course.

Date and place :

Signature of applicant:

----- BELOW FOR OFFICE USE ONLY -----

Course:

Course code:

Starting date:

Ending date:

Admission no:

Roll no:

Deposit payment amount:

Date of deposit payment

Balance payment amount:

Date of balance payment:

Passed examination:

YES:

NO:

Date of Examination:

Certificate no:

Date of certificate:

ATHORIZED SIGNATORY: