## **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

Print the form, fill it in and sign copy of your passport. Scan the our administration at santhische Please fill in the form with BL COURSE:  Course Date:	attach 2 passport size photos				
Name:					
Surname:					
Male:	Female:	Date of birth:			
Place of birth:		Nationality:			
Passport number:		Date of expiry:			
Occupation:					
Country of residence:					
Residence address:					
Contact phone:		Cell phone:			
Email address:					
Experience of Yoga:					
If you have attended any TTC courses before, inform about year, level, school, country:					
Health condition, medication and known diseases:					
Languages known:					
How did you find School of Santhi:					

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Course:				
Course date:				
Full Name of applicant:				
Reference in country of resid	dence:		Reference in India (if any):	
Name:			Name:	
Address:			Address:	
contact phone:			contact phone:	
contact email:			contact email:	
The information furnished at knowledge. I agree to follow in this Yoga Teacher Training	the school regulat	2 and documer ions and will do	nts submitted are true to the best of my my very best to study and follow the studies	
Date and place :			Signature of applicant:	
		BELOW FO	R OFFICE USE ONLY	
Course:			Course code:	
Starting date:			Ending date:	
Payment amount:			Date of payment:	
Admission no:			Roll no:	
Admission letter no:			Date of admission letter:	
Passed examination:	YES:	NO:	Date of Examination:	
Certificate no:			Date of certificate:	
			·	
ATHORIZED SIGNATORY:				