

SCHOOL of SANTHI

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

| | | |
|---|-------------|-------------------------------|
| REGISTRATION: Yoga Teacher Training - page 1 | | attach 2 passport size photos |
| <i>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 [at] yahoo.co.in</i> | | |
| <i>Please fill in the form with BLOCK LETTERS, thank you!</i> | | |
| COURSE: | LEVEL: | |
| Course Date: | | |
| 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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REGISTRATION: Yoga Teacher Training - page 2

Please fill in the form with BLOCK LETTERS!

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 Teacher Training course.

Date and place :

Signature of applicant:

----- BELOW FOR 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: