

Shri Gurubhyonamaha:



YOGALAYA PUNE

(A Sivananda Yoga Tradition)

A Journey of the Self Through The Self to the Self

Student Information

(The information is necessary and strictly confidential, Please fill clearly)

Date: _____

Name : _____

Age : _____

Gender : _____

Occupation : _____

Contact No. : _____

Area. :

Emergency Contact Name. : _____

Phone No. : _____

Area. : _____

Medical concerns / Issues if any : _____

Overall Fitness Level

☐ Low

☐ Average

☐ High

Describe your past Yoga Experience : _____

What Motivated you to practise Yoga and What do you expect from the class: _____

Whom shall we Thank for The referral : _____

Class timing / batch (Preference) : _____

DECLARATION

I declare that I am joining Yoga classes voluntarily and that I got myself medically examined and found fit for training Yoga. I certify that the above information given by me is true to the best of my Knowledge.

Date of Joining :

OM TAT SAT

Signature