

YOGALAYA

(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: 9 January 2022			
Name:Yogesh Haribhau Kulkarni			
Age :	Gender :	Male.	
Occupation: Private Service	,		
Contact No. : 9890251406		_ Area.: Pas	han, Pune
Emergency Contact Name.: Anjali Kulkarni Phone No.: 9890550858			
Area.: Pashan, Pune			
Medical concerns / Issues if any: Low Vitamin D3, B12			
Overall Fitness Level	ow	* Average	High
Describé your past Yoga Experience: 1st year course at Iyyendgar, 3 times			
What Motivated you to practise Yoga and What do you expect from the class:Fitness			
<u> </u>			
Whom shall we Thank for The referral : Facebook			
Class timing / batch (Preference) : $^{ ext{TTS}}$	7-8am for	regular,SS 4-	6pm for Level 1
DECLERATION			
declare that I am joining Yoga classes voluntarily and that I got myself medically examined			

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

Date of Joining: 9 Jan 2022

OM TAT SAT

Signature