



WASABI YOGA
COURSE APPLICATION FORM

CERTIFIED BY
**INSTITUTE OF VIVEKANANDA YOGA AND
RESEARCH DEVELOPMENT, INDIA**

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COURSE APPLICATION FORM

PLEASE FILL THIS FORM CAREFULLY, WRITE LEGIBLY IN CAPITAL LETTERS

MARK (√) AS APPLICABLE

- () YOGA INSTRUCTOR TRAINING COURSE (YITC)
() DIPLOMA IN YOGA THERAPY (DYT)
() AYURVEDA CERTIFICATION COURSE

OPTIONS: _____

2 PHOTOS

1.	NAME (CAPITAL LETTERS)	
2.	DATE OF BIRTH	
3.	SEX	M / F
4.	ADDRESS	
5.	PHONE/FAX/EMAIL	
6.	NATIONALITY	
7.	QUALIFICATIONS	
8.	OCCUPATION	

9.	MENTION THE YOGA COURSE YOU HAVE ATTENDED BEFORE	
10.	A) HEALTH STATUS	
	B) AILMENTS IF ANY	
I HAVE GONE THROUGH THE DETAILS OF THE COURSE PROSPECTUS AND INSTRUCTIONS. I HEREBY AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF YOUR INSTITUTION.		
DATE		
SIGNATURE OF STUDENT		

FOR OFFICE USE

RECEIPT NODATE.....

\$..... (IN WORDS\$.....)

.....)

D D No..... DATE

BANK NAME.....

REGISTRATION NO.....

REMARKS