

Selected Course Date: _____

Location:.....

Application for Admission

First Name			
Family Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address			
City			
State / Province			
Country			
Zip code			
Phone (Mobile)			
Phone (Home)			
Drivers license no & valid until			
Voter ID no & Aadhaar card no			
Passport no & Issued by & valid until			
Birthplace – City & State & Country			
Email address, Facebook ID, Twitter ID			
Alternate email (if any)			
Birth Date (DD/MM/YYYY)			
Present nationality & Nationality at birth			
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Partner
Current Occupation			
Education/Vocational Skills			
Languages Spoken & Native Language			
Emergency Contact			
Yoga Experience			
How long have you been practicing Yoga?	<input type="checkbox"/> Not at all <input type="checkbox"/> Six months to one year <input type="checkbox"/> More than one year		
If more than one year: How many years?			
If you are already a Yoga practitioner, which style/tradition do you practice			
Briefly describe your Yoga practice if you have one:			
Which Yoga style you wish to teach?			
Do you have any experience teaching Yoga?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how long have you been teaching and in which tradition/style:			
Please describe any other spiritual or meditation practices which are important to you:			

What does Yoga mean to you? What should the role of a Yoga teacher to be?

Why do you wish to become a Yoga teacher?

Health Information

The following will be used by our training staff to better assist you during the TTC. If you answer yes to any of the following questions, please briefly substantiate your responses below. Your answers will be kept in strict confidence within TTC Administration only, with a view to guiding your individual program.

Are you currently taking medication for any physical or psychological condition? Yes No

Do you have any chronic physical limitations or disabilities? Yes No

Do you have a history of psychological or emotional illnesses, or issues? Yes No

Do you have a communicable disease? Yes No

Have you had a serious illness or major surgery within the last five years? Yes No

Are you currently pregnant or trying to become pregnant? Yes No

If you answered YES to any question above, please substantiate your reply with a short explanation. If there is anything else about your physical or psychological health that you feel might affect your participation in the TTC, please explain:

Full Disclosure

The information an applicant provides on this form is treated as confidential and will only be seen by those teachers and staff involved with the Teacher Training Course. "By submitting this application and typing my full name below I affirm the statements below:-

1. I affirm that the information provided on this application form is true and complete to the best of my knowledge. False, incomplete, or misleading information is grounds for rejection of this application, expulsion from the program, or revocation of certification after completion of the program.
2. I confirm that I am in appropriate mental and physical health to be able to follow the course and I am not pregnant or addicted to alcohol or drugs.
3. I confirm that I have read and agreed on the Rules & Regulations, Refund policy, Terms & Conditions and Liability waiver of Karuna Yoga Vidya Peetham and I understand that non-observance of these rules can result in expulsion from the program.

Full Name & Signature

Date & Place

Checklist of documents to enclose with this application:

- 1) 4 current passport-size photos
- 2) Photocopy of Drivers license / Voters ID / Aadhaar card
- 3) Photocopy of passport and visa (overseas applicants)
- 4) Medical details if applicable
- 5) Curriculum vitae (CV)