



# Karuna Yoga Vidya Peetham

## YOGA TEACHER TRAINING COURSE APPLICATION FORM

Enclose/  
Attach One  
Photograph

Name of the Course

Selected Course Date

Location

### Application for Admission

Name(how you want in certificate)

Gender

Male  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

Married  Divorced  Widowed  Single  Partner

Current Occupation

Education/Vocational Skills

Languages Spoken & Native Language

Emergency Contact

### Yoga Experience

How long have you been practicing Yoga?

Not at all  Six months to one year  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?

Yes  No

If yes, how long have you been teaching and  
in which tradition/style:

Please describe what would you like to learn  
from this course:

What does Yoga mean to you?  
What should the role of a Yoga teacher 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) Current passport-size photos
- 2) Photocopy of Drivers license / Voters ID / Aadhaar card
- 3) Photocopy of passport and visa (overseas applicants)
- 4) Medical fitness certificate
- 5) Curriculum vitae (CV)