



YOGIC LIFESTYLE™

(The Indian Traditional Education, Services & Products)
DELHI: (WEST PATEL NAGAR, ROHINI & SHALIMAR BAGH), RISHIKESH
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(Kindly paste a recent passport size photograph here)

Ref:

A. GENERAL INFORMATION

NAME (In capital letters):

DATE OF BIRTH:, AGE....., SEX.....

MARITAL STATUS: SINGLE/MARRIED/OTHERS (Kindly Mention):

EDUCATION.....

PROFESSION:

RESIDENTIAL ADDRESS:

PHONE(R): (O)..... (M).....

E-MAIL (Compulsory):

SUITABLE TIME TO CONTACT.....

EMERGENCY CONTACT.....

B. HEALTH STATUS

ANY PAST ILLNESS, IF YES PLEASE MENTION:
.....
.....

ANY PRESENT ILLNESS, IF YES PLEASE MENTION:
.....
.....

ANY HISTORY OF ILLNESS IN THE FAMILY (HEREDITARY), IF YES PLEASE MENTION:
.....
.....

WEIGHT: (IN KG AT PRESENT)

HEIGHT: (IN INCHES AT PRESENT)

WAIST: (IN INCHES AT PRESENT)

THIGH: (IN INCHES AT PRESENT)

GENERAL FOOD HABIT (Veg/Non-Veg/Tea/Coffee/Smoking/Drinks/Gutkha/Sweets)

FAVOURITE FOOD:

RISING TIME:SLEEPING TIME:STOOL-TIME:

HOW DO YOU SPEND YOUR TIME (HOBBIES AND GENERAL HABITS)?.....

WHAT IS THE PHILOSOPHY OF YOUR LIFE?

HAVE YOU EVER JOINED YOGA PROGRAM, IF YES WHERE?

HOW DID YOU KNOW ABOUT US?

***KINDLY ATTACH COPY OF YOUR RECENT MEDICAL REPORTS**

***KINDLY ATTACH A RECENT ONE POSTCARD SIZE PHOTOGRAPH**

PURPOSE OF JOINING YOGA PROGRAMME

ANY OTHER INFORMATION

RECOMMENDED YOGA PROGRAMME BY YOGA EXPERT

WOULD YOU LIKE TO TAKE 'YOGIC LIFESTYLE FOUNDATION' (An International Organization Registered and Approved Under Govt. of NCT of Delhi, India) MEMBERSHIP? YES/NO

***(All the workshops will be free for existing members of 'YLF'.)**

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I GIVE MY CONSENT TO UNDERTAKE THE YOGA TRAINING AT MY OWN. I WILL ABIDE BY ALL THE RULES AND REGULATIONS OF THE INSTITUTE.

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(SIGNATURE OF YOGA ASPIRANT)