



**YOGASTHALI**<sup>TM</sup>  
Yoga Society



**INTERNATIONAL YOGA TEACHER TRAINING COURSE**  
**APPLICATION FORM**

Enclose/  
Attach  
One  
Photograph

ॐ समत्वं योग उच्यते ॐ

Application for Admission	
First Name	
Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
City	
State / Province	
Country	
Zip code	
Phone (Mobile)	
Phone (Home)	
Email address	
Facebook ID	
Alternate Phone No. (if any)	
Birth Date (DD/MM/YYYY)	
Nationality	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
Current Occupation	
Education/Vocational Skills	
Languages Known	
How did you know about YOGASTHALI ? (Google / Facebook / Friends / Website / Twitter / Others)	
What were you searching for?	
<b>Course Type</b>	
<input type="checkbox"/> RYT 200	
<input type="checkbox"/> RYT 300	
<input type="checkbox"/> RYT 500 (RYT 200 + RYT 300)	
<b>Mode of Payment</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
Cheque should be paid in favour of <b>yogasthali yoga society</b> .	

Emergency Contact	
Name	
Phone	
Relationship	

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:**

**Do you have any experience teaching Yoga?**

Yes    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:**

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any chronic physical limitations or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a history of psychological or emotional illnesses or issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a communicable disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a serious illness or major surgery within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently pregnant or trying to become pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:*

Have you in the last 12 months used tobacco, alcohol, recreational drugs, or illicit substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently continue to use any of these substances? If yes, please list substance and frequency of use:	
What is your primary diet*?	<input type="checkbox"/> vegan <input type="checkbox"/> vegetarian <input type="checkbox"/> unrestricted <input type="checkbox"/> other _____
<b><i>Please mention in case you follow any special diet* :</i></b>	

**In-Depth**

*This section of the application is intended to give us a better understanding of you as a person. We encourage you to include any transformational experiences or turning points in your life that have brought you to your current personal relationship with Yoga and aspiration to become a teacher. Please give short answers to the following questions:*

***What attracts you to spirituality and specifically to the path of Yoga?***

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

***Why do you wish to become a Yoga teacher?***

***What is it specifically about the Yogasthali's approach to Yoga that interests you?***

***Any additional comments about your application:***

### Yogasthali Yoga Society Rules and Regulations:

1. Fees is non-refundable in any situation.
2. In case of failure in (Theory or practical exam) the re-appearance fee Rs. 2000/- for the exam.
3. Yogasthali Yoga Society is dedicated to creating a more conscious and compassionate the world. Our mission is to create a safe and sacred environment to promote spirituality, ethical behavior, respect and trust.
4. The student's behavior and attitude, while at the center, should respect Yogasthali culture and enhance the spiritual atmosphere of the center.
5. Students should maintain an atmosphere encouraging mutual respect, civil and congenial relationships and free from all forms of harassment and violence, where everyone can discuss their differences and exchange ideas openly, honestly and respectfully.
6. Students should use respectful language with each other. Any bullying, negative gossiping, spreading of rumors may result to expulsion from the course.
7. Students are responsible for their own medical and health care. They should carry their own medicines if necessary.
8. Participation in scheduled classes, karma yoga and meditation is mandatory.
9. Photography, video, audio recording is not allowed during the classes without prior permission of the authority.
10. Certificate will be awarded after passing the exams.

### Documents to be attached with this form

Indian Students	Foreign Students
ID Proof	ID Proof
Address Proof	Address Proof
Passport Size Photograph	Passport Size Photograph
Educational Qualification Certificate	Educational Qualification Certificate
	Passport Copy

### 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.
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, Terms & Conditions of Yogasthali Yoga Society and I understand that non-observance of these rules can result in expulsion from the program.

\_\_\_\_\_

**Full Name OR Signature**

\_\_\_\_\_

**Date**