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Mukhya Yog Teachers Training Camp
Bharat Swabhiman (Trust)

Pls paste your
current coloured
passport size
photo here

From.....toMonth...../20.....

(Please fill this form in Capital letters)

State..... District Regn. No.

Aadhaar Card No.

Driving Licence No.

Name of Participant-----

Father's Name-----

Mother's Name.....

Date of Birth Age years, Weight kgs.

Male / Female Married / Unmarried

Complete Address :

.....

State.....District.....Pincode

Country.....

Personal Contact No. Whatsapp No.

E-mail ID (Pls. fill in Capital Letters):

Educational Qualification :Occupation : Blood Group.....

Profession.....

Details of Social Work.....

.....

Are you associated with any political party? Yes No

Donation given at District Assistant Yog Teacher Camp :

Receipt No. Date

Did you participated in any yog camp at Hatidwar before? Yes No

-.: Declaration :-

I.....hereby declare that I shall obey all the rules and regulations during the Mukhya Yog Teachers Training Camp on violating rules, trust can take necessary action against me for which I shall be responsible. Kindly allow me to participate in the above camp. I myself shall be responsible, if there is any accident/mishap during the Yog Training Camp.

Date :

Checked By

Signature of Applicant

Name of Participant.....

State.....

District.....

Assistant Yog Teacher's Training camp attended in year :

Conducting daily Yog class? Yes ☐ No ☐ if yes, since?

Address of Daily Yog Class

No. of participants in your yog class. Male....., Female....., Total :

Mandatory document to carry for Yog Teachers Training Camp :

- a) Daily Yog Class news cutting ☐
- b) Daily Yog Class photo ☐
- c) Jilla Prabhari recommendation Letter ☐
- d) Daily Yog Class attendance register ☐
- e) Assistant Yog Teacher Certificate ☐
- f) Money Receipt of Rs. 1099/- given at District Camp ☐

Signature of Participant

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For Official Use

Participating donation details of Headoffice Camp :

Amount :

Receipt No. Date :

Approval :

Permission to participate in the camp : Yes ☐ No ☐

Signature of Approver