



# YOGA UNIVERSITY OF THE AMERICAS

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India Office



## SWAMY VIVEKANANDA YOGA AND HOLISTIC HEALTH TRUST(R)

#2, Sidharuda Nilaya, Near Anriya Apartments, 8th main, 13th 'A' Cross, Judicial Layout,  
Allalasanra, GKV Post, Bangalore-560065

Email : devarajyoga58@gmail.com / Mob : 9449166245

SERVE SANTHU NIRAMAYAH

### APPLICATION FOR YOGA SHIKSHAK COURSE (YSC-200)

Name : .....

Gender : .....

Date of Birth : .....

Educational : .....

Qualification : .....

Enclose xerox copy

Qualification in Yoga : .....

Address : .....

Mobile : ..... Email.....

I hereby declare that above particulars are true I hereby agrees follow with  
prescribed instructions of yoga shikshak course

Caution Deposit /Fee/cash/Cheque/DD/NEFT/RTGS No..... dated .....

Bank .....Branch .....for Rs, 5000/-

Amount Rs. : Five Thousand Only

Enclosed : .....

Signature of Applicant

## **Terms and Condition**

1. I agree to conduct **FREE Mane Angaladalli Yoga** Program in Minimum 20 houses. Agree further to conduct the program for 90 minutes as designed by Swamy Vivekananda Yoga & Holistic Health Trust and note to submit all the details of all the participants as prior condition for issue of the Yoga Shikshak Course (YSC-200) Certificate.
2. I further agree to Conduct **Yoga Sapthaha** for Minimum 50 Persons by collecting Rs. 100/- as Registration fee for 7 days from Monday to Sunday for 14 Hours total 2 Hour per day. Further agree to give complete details of all the participants like place, name, and phone Number, Email id, as per the Format given by the Swamy Vivekananda Yoga and Holistic Health Trust.
3. Programme Photos of Mane Angaladalli Yoga and Yoga Sapthaha will be submitted by me.

Signature of the Applicant

**OFFICE USE**

Received Application on .....

Received Admission Amount Rs. 5000/- (Rs. Five Thousand Only)

Documents Submitted

Admission Approved on.....

Accounts Officer

Finance Officer

Administrative Officer

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