



SHIV YOG SADHNA (REGD.)

(Science of Living and Self Realization)

<http://www.shivyogsadhna.com>

YOGA COURSE - APPLICATION FORM

Course Code: _____ Course Name: _____

(For Office Use) _____ Date: - _____

Fee Details: - Rs. _____ | Date: _____

If Installments 2nd Rs. _____ | Date: _____

If Installments 3rd Rs. _____ | Date: _____

(Note: - Please fill the application with Blue/Black ballpoint pen only.)

Paste Here
A Passport size
Photograph
(Do not staple)

**PLEASE FILL OUT THIS FORM AND SUBMIT - EMAIL – courses.shivyogsadhna@gmail.com / BY REGISTERED MAIL / COURIER*

Application for Admission	
Applicant's Name <small>(In block letters)</small>	
Father's / Mother's Name <small>(In block letters)</small>	
Gender (Please Tick ✓)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address » » » »	
	Pin Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No/s.	
Phone (Home)	
Email address	
Alternate email (if any)	
Date of Birth <small>(DD/MM/YYYY)</small>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age: <input type="text"/> Years <small>D D / M M / Y Y Y Y</small>
Nationality	
Marital Status (Please Tick ✓)	Married <input type="checkbox"/> Single <input type="checkbox"/>
Weight & Height	Weight: _____ Kgs. Height: _____
Current Occupation	
Education/Vocational Skills	
Do you know the Hindi Language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Languages Spoken	
How did you learn about SYS? <small>(Google / Friend/others)</small>	Please write the name of the Website / Friend / News Paper / Other



Course Dates Preferred

A

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D D / M M / Y Y Y Y

B

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Emergency Contact

Name

Address » » »

Relationship

Contact No.

E-mail id

Educational Qualifications

Sr. No.	Qualification	Discipline/ Specialization	Main Subjects	School/ University/ College	Year of passing	Marks Obtained	Percentage (%) of Marks	Class/ Division
1.	10 th							
2.	10+2							
3.	Graduation							
4.	Post-Graduation							
5.								
6.								

Yoga Experience

How long have you been practicing Yoga?

Not at all, Six mon this to one year, one year.

(Please Tick ✓)

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

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

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 CC, please explain:

Have you in the last 12 months used tobacco, alcohol, recreational drugs, or illicit substances? (Please Tick <input checked="" type="checkbox"/>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently continue to use any of these substances? If yes, please list the substance and frequency of use:	
What is your primary diet? (Please Tick <input checked="" type="checkbox"/>)	Non-Vegetarian, <input type="checkbox"/> Vegetarian, Other <input type="checkbox"/> <input type="checkbox"/>
Please list any prescription medications you are currently taking (including birth control):	

Please mention in case you follow any special diet:

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. Please give short answers (max 200 words each) to the following questions:

Q 1: What attracts you to spirituality and specifically to the path of Yoga?

A :



Q2: What does Yoga mean to you?

A :

Q3: What is it specifically about the SYS approach to Yoga that interests you?

A :

Any additional comments about your application:

Shiv Yog Sadhana Rules and Regulations

1. The Shiv Yog Sadhana is dedicated to creating a more conscious and compassionate world. Our mission is to create a safe and sacred environment to promote spirituality, ethical behavior, respect, and trust.
2. The Shiv Yog Sadhana is registered with the Punjab government under the society act 1860 and it is an ISO 9001:2008 certified organization.
3. The courses of Shiv Yog Sadhana are its own and are not registered/ recognized with any university or UGC.
4. The student's behavior and attitude, while at the academy of society, should respect traditional Indian culture and enhance the spiritual atmosphere. The Society is not a social club or resort.
5. Selected candidates alone are expected to come. They are not permitted to bring along other family members or relatives with them.
6. Students are required to attend all the classes, as per the timetable of the Academy of the Society punctually and regularly. In case of physical illness, they should bring this fact to the notice of the Registrar.
7. 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.
8. Students should use respectful language with each other. Any negative gossiping, or spreading of rumors may result in expulsion from the course.
9. Tobacco, alcohol, non-prescription drugs, meat, fish, and eggs, are NOT allowed.
10. Students should not make public displays of affection. Public nudity is forbidden. Celibacy as part of the spiritual discipline is encouraged while staying in the Academy of the Society. Modest dress (shoulders, midriff, and legs covered) should be maintained at all times including asana classes.
11. Students are not allowed to use mobile phones during any class.
12. Photography, video, and audio recording are not allowed during the classes without prior permission of the director.
13. Student will abide by the conditions as laid down in the prospectus of the Society and attend all classes as per the timetable of the Society, as well as abide by any instructions issued by the institution from time to time during the period of the Course.



14. Those students who will be found violating these instructions willfully or whose presence is considered undesirable, for any reason, will be asked to leave the Academy of the Society immediately by the registrar without giving any reason or prior notice.

Terms & Conditions

1. Students leaving the course or changing the program before completion are required to return all their teaching materials/manuals and uniforms.
2. Even in possession of the student the Certificate Course manual stays property of the society and is forbidden to share/distribute it.
3. Students are responsible for their own medical and health care. They should carry their medicines if necessary. Very limited medical care is available in society and can be provided only in case of emergency.
4. Shiv Yog Sadhna cannot be held liable for any accidents, injuries, or thefts during the course.
5. All fees are payable 4 weeks before the course starts, after that, the registration will be canceled and the deposit may be forfeited.
6. All fees are non-refundable in any circumstances. A credit note will be issued for the unused portion which may be applied towards another course or Yoga vacation/retreat at our society. This credit note is good for one year from the date of issue.
7. In case the course is rescheduled or canceled due to unforeseen circumstances. SYS's liability is limited to the refund of deposited fees only.
8. Shiv Yog Sadhana reserves the right to use group pictures taken during the course and activities for its records and promotional purposes

Refund Policy

1. All fees are non-refundable. If a student withdraws from the CC before the training commences under any circumstances, all fees are non-refundable. A student can only transfer from one course before the start of that course, to attend another, once only within a period of one year. After this time fees are forfeited.
2. If a student is expelled from the course due to non-observance of society rules/ regulations his/her fees will be forfeited.
3. In case of cancellation or rescheduling of the course by the SYS, students have the choice to transfer to another course or to receive a full refund of the paid fees. Our liability is limited to the refund of the deposited fees only.

Full Disclosure

To make informed decisions, the teachers and staff at Shiv Yog Sadhna must be able to rely on the truthfulness of the information provided by applicants. 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 Certificate Course.

I acknowledge that I must exercise ordinary care for the protection of others and myself while attending a yoga class at Shiv Yog Sadhna. I assume the risk of physical activity with my physical condition. I have received advice from my doctor that I am capable of physical exercise such as provided by Shiv Yog Sadhna, or I will seek such advice, or I will assume the risk of exercising without a doctor's examination.

I take complete responsibility for my presence at the Shiv Yog Sadhna and I will not hold any member of Shiv Yog Sadhna, any substitutes, or Shiv Yog Sadhna society responsible for any injuries or loss I may incur as a result of my participation in any yoga class or discipline now or in the future.

"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."

By checking this box, I indicate my signature as verification of the statement above.

By checking this box, I confirm that I am in appropriate mental and physical health to be able to follow the course and I am not addicted to alcohol or drugs.

By checking this box, I indicate that I have read and agreed to the Rules & Regulations and Terms & Conditions of the Society and I understand that non-observance of these rules can result in expulsion from the program.

Date: / /
D D / M M / Y Y Y Y

Place: _____

Signature