



**ISHWARDAS CHUNILAL YOGIC HEALTH CENTRE, KAIVALYADHAMA**

**43, NETAJI SUBHASH ROAD, MUMBAI 400 002**

Tel.: (0091-22) 22818417 / 22886256 E-mail: kdhamhometeaching @gmail.com

Web: [www.yogcenter.com](http://www.yogcenter.com)

**Registration form of Out Reach Teacher Programs**

Name: Mr / Mrs /Miss: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (Residence) \_\_\_\_\_ (Office) \_\_\_\_\_

Mobile No \_\_\_\_\_ E-Mail: \_\_\_\_\_

Present Occupation & Address (Mention Clearly the Nature of Your Job Activity And The Post):

\_\_\_\_\_  
\_\_\_\_\_

Educational Qualification: \_\_\_\_\_  
\_\_\_\_\_

Yogic Training Acquired Before (Mention the Name of Training Centre)

\_\_\_\_\_  
\_\_\_\_\_

**Areas of Interest:**

1. Corporate Programs ( Professional)
  - a. Within Mumbai
  - b. Outside of Mumbai
  - c. Constraints if any : \_\_\_\_\_
2. Youth programs at Colleges
3. OPD at Hospitals
  - a. Professional
  - b. Volunteer
4. Volunteer Work at Schools etc
5. Yoga Kendra
  - a. Teaching
  - b. Administration
  - c. Preferred Geographical area in Mumbai/ Thane

**Experience Summary**

Please provide details of your prior experience in yoga teaching/programs for Corporates, Youth, Hospitals etc to support your interest above. You may add additional sheets

Date: \_\_\_\_\_

Signature: \_\_\_\_\_