

Required documents:
(a) Two recent photos (4x6)
(b) Copy of ID/Passport



**Embassy of India
Minsk**

YOGA REGISTRATION FORM

✓ INCOMPLETE FORM WILL NOT BE ACCEPTED.

1. Personal information:

Full Name		D.O.B.(Age)	
Mobile no.		Alternative No.	
E-mail		Nationality	
Occupation & Organization			
Marital Status	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Divorced <input type="radio"/> Widowed
ID/Passport no.		Valid until:	

2. Health Status:

Gender: <input type="radio"/> Female <input type="radio"/> Male	Habits: <input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol
a. Are you under treatment now?	YES <input type="radio"/> NO <input type="radio"/>
(If yes please explain)	
b. Have you undergone any surgery before?	YES <input type="radio"/> NO <input type="radio"/>
(If yes, Specify the type of surgery and When?)	

3. Admission: (Please mark option/s)

Tuesday, Wednesday & Thursday 18:30 to 20:00
Since how many Months are you attending yoga classes in the Embassy ?
How did you know about Yoga classes?
Website <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Others <input type="checkbox"/>
Why are you interested to join our course on Yoga

IMPORTANT NOTES:

- Schedule of classes for Yoga shall be prepared by the Embassy and Embassy reserves the right to change the schedule and the yoga hall venue at any time.
- All participants should abide by the rules and regulations of the Embassy. If anybody violates these rules his/ her admission will be cancelled.

DECLARATIONS

I have joined yoga class at Embassy of India, Minsk of my own will and I take full responsibility for participating in this program. I also hereby declare that I am physically and mentally fit enough to participate in this yoga course. I will not hold any one responsible if any physical harm/injury/ damage happens to me during practices.

Signature: _____

Date: _____

Yoga is not a treatment; it is a way of life