**Application for Enrolment in Online Yoga Scientist Training**

Fill-in √ OR details at sky blue locations in this form and send to

**scientificyoga.india@gmail.com**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Field** | **Details** | | |
| 1 | **First Name** |  | | Copy paste your photo here |
| 2 | **Middle Name** |  | |
| 3 | **Last Name** |  | |
| 4 | **Height** | cm | | |
| 5 | **Weight** | Kg | | |
| 6 | **BMI** | kg/m2 | | |
| 7 | **Age Group** |  | 10-30 yrs | |
|  | 30-35 yrs | |
|  | 36-40 yrs | |
|  | 41-45 yrs | |
|  | 46 yrs or more | |
| 8 | **Residence Details**  (House Number, Society Name, Area, Landmark, City with postal pincode, State & Country) |  | | |
| 9 | **Email** |  | | |
| 10 | **Mobile Phone Number** |  | | |
| 11 | **Educational Qualifications (All)** |  | | |
| 12 | **Duty / Profession** |  | Proud Home Care-taker of Family (House-wife, House-daughter, House-sister etc.) | |
|  | Military Service | |
|  | Business | |
|  | Service | |
|  | Student | |
|  | Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ (provide details) | |
| 13 | **Language Known** |  | Hindi | |
|  | Any Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | English | |
| 14 | **Food Habit** |  | Vegetarian | |
|  | Eggs | |
|  | Non-Vegetarian | |
| 15 | **Other Habits** |  | Smoking | |
|  | Tobacco | |
|  | Alcohol | |
| 16 | **Applying for** | **Online Yoga Scientist Training** | | |
| 17 | **Emergency Contact Person Name & Mobile Numbers** |  |  | |
| **Declaration:** I have read and understood all instructions, terms & condition (as mentioned overleaf) and are acceptable to me. I am disclosing above information as per my wish and are true at the best of my knowledge.  **Signature and Date:** | | | | |
| 18 | **Acknowledgement** | Application No.:  Application form received from:  Received By: | | |

***Important Instructions, Terms & Conditions of the Training***

1. We are a group of medical doctors / scientists / paramedical professionals (MBBS,MD / PhDs / paramedics in clinical / healthcare / medical research field) & also certified yoga professional / yoga therapist.
2. The training as well as assessment will be conducted online using Whatsapp Video call, MS Teams, Google Meet, Google Duo, Zoom or any other well-known web-based mode. You need to check and ensure your device / system connectivity, power-supply and sufficient battery and security.
3. You need to join the online class atleast 5 minute before scheduled time, because, once the online class starts at scheduled time, the teacher will not have opportunity to admit you in the online meeting.
4. Based on the information provided in this application form, we will evaluate and select participants to make groups for the training. This is to make group of participants of similar education background, profession etc. so that training session can be conducted easily with minimum efforts. If required, more information will be asked to you.
5. Keep mobile on vibration mode, preferably, don’t bring it during classes.
6. If we may not able to attend the scheduled class (due to illness, out of station etc.), we will let you know in advance by whatsapp group message or by email; except in case of emergency or internet service problem in which we may not be able to intimate you in advance. Always read our latest whatsapp messages / email before coming for the class.
7. There is going to be a selection process for admission in the training.