**LAKSHMIBAI NATIONAL INSTITUTTE OF PHYSICAL EDUCATION, GWALIOR**

**DEPARTMENT OF YOGIC SCIENCES**

**Yoga Classes for Outsiders and Family Members of Faculty/Staff**

**REGISTRATION CUM APPLICATION FORM**

**Paste one photograph of the candidate**

1. Name of the Candidate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. S/o, W/o, D/o : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Sex : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Occupation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Residential Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

8. Telephone/Mobile No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Is there any complication related to health (Mental / Physical)? Mention here.

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**DECLARATION**

I…………………………………… wish to join the Yoga Classes organized by Department of Yogic Sciences, L.N.I.P.E., Gwalior. I have gone through the rules and conditions for the Yoga Classes and accept to abide by them strictly.

*Signature*

**FOR OFFICE USE ONLY**

Receipt No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charges Paid Rs.\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_

TERMS AND CONDITIONS

1. The practitioner must get all the details in the application form completed before admission. Incomplete form will not be accepted.
2. The practitioner must maintain discipline and follow all the instructions given by the teachers, regarding safety and hygiene.
3. The practitioner should consult their doctor regarding their health issues and inform the yoga teacher regarding the same in written. All adequate care will be taken in such cases during the practice session. Still in case of any mishap/ injuries the institute and the department shall not be held responsible in anyway.
4. VENUE : Department of Yogic Sciences.
5. TIME : Depending upon the Institute Schedule

approximately 5.00 pm to 6.00 pm in winters

and 6.00 pm to 7.00 pm in summers.

1. DURATION : 1hour per day

Classes will be held 5 days in a week

Classes shall remain suspended on all declared

Institute Holidays

1. AGE : No age bar
2. FEE STRUCTURE:

OUTSIDE PARTICIPANTS : 1000/- p.m. (To be deposited in the Institute

Account Section)

STAFF /SPOUSE/CHILDREN: Free of cost to staff club members

1. EQUIPMENT : All participants should bring their own mattress

for Yoga practice

1. DRESS : Loose dress preferably Track-suit & T-shirt.

**NOTE:**

* Form is to be downloaded from the Institute Website and submitted in the Department of Yogic Sciences along with photocopy of fee receipt.