



Photo

YOGA ENROLMENT FORM

Name of Applicant :

Age & Date of Birth :

Gender :

Nationality :

School & class :

Parent / Guardian's Name :
(For Students only)

Relationship with Guardian :
(For Students only)

Company Name :
(For Adults only)

Contact Number(s) :
Tel: _____ (Residence)
Tel: _____ (Office)
Tel: _____ (G.S.M)

E - Mail :
(Mandatory)

Local Address :

Blood Group :

Day & Time of class :

SAT	SUN	MON	TUE	WED	THU	FRI

Details of Ailments :
(If any)



Transportation required : Yes No

Monthly Fee Structure:

Yoga Class : Qrs. ____/-

Transportation : Qrs. ____/-

Grand Total : Qrs. ____/-

Rules & Regulations:

1. Classes are adhered to the timing mentioned here above.
2. Any suggested/imposed change in class schedule shall be under sole discretion of SDC Management.
3. Fees to be paid on or before 5th of every month
4. SDC Management holds no responsibility for the missed classes by the student
5. Parents are not allowed to enter classrooms during the class hours.

Declaration:

I hereby read & accept the above mentioned conditions of my enrollment as a Yoga student.

Signature : _____
Student Parent

Date:

For Office Use only

Date of Joining	Registration Number	Special Remarks

Verified By

Signature

Office Stamp