



Swami Paramhansa

Swastha Siksha Avam Paryavaran Sanrakshana Samsthana
(under section 44 of MPR act. 1973. 05/26/01/0897/10.Govt. of India)



INDIAN INSTITUTE OF ANCIENT AYURVEDA A Holistic health hospital & Research Centre

Affiliated Under section 44 of MPR act 1973. 05/26/01/0897/10. Govt. Of INDIA
Email: info@paramhansa.org Website: www.paramhansa.org

Course Application

- Yoga Instructor Certificate Course (YICC-300) Certificate in Yoga Therapy (CYT-500) School Teacher Yoga Training Course (STYT-300)
- Yoga Therapy Foundation Course (YTFC) Certificate in Intensive Yoga Therapy (CIYT-850) Certificate in Ayurveda Principle (CAP-10)
- Ayurveda Therapist Training Course (ATTC-500) Ayurveda-Naturopathy Therapist Training course (A-NTTC 1000) Ayurveda Lifestyle Practitioner's Course (ALPC-1200)
- Ayurveda-Yoga Therapy Foundation Course-120 Senior Yoga Therapist Training Course (PGCYT-1200) Ayurveda Foundation Course (AFC-60)

Name _____ Gender Male Female
Surname First Name / Given Name
NRIC/FIN/SSN _____

Address _____
Street Address Postal code

Email Adress _____ Contact Number _____
Home Mobile

Occupation _____ Date of birth _____
Day-Month-Year

Health Declaration

Yoga Asanas involve physical stretching. In the interests of your own health, it is important for us to know your medical history and decide if you should refrain from performing certain Yoga Asanas.

Have you had any previous history of injuries to your back, ankles, knees, neck, shoulders, bones or joints? Yes No

If yes, please provide details of the injury and current state of recovery:

Are you suffering from any illness (eg: High Blood pressure / Heart Disease / Diabetes etc)? Yes No

If yes, please provide details of the injury and current state of recovery:

Have you been advised by any doctor to refrain from any physical exercise? Yes No

If yes, please provide details of the injury and current state of recovery:

- Pay a deposit upon application for the course indicated above. _____ Cash Cheque
The deposit is non-refundable and non-negotiable.

Signature of Applicant _____

Date _____

Amritam Ayurveda Yoga Integrative Centre

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