



PROGYAN

APPLICATION FORM

DATE

COURSE

PROGYAN YOGA

PERSONAL INFORMATION

APPLICANT'S NAME

FATHER'S NAME

MOTHER'S NAME

FULL ADDRESS

POSTCODE

CITY

LOCALITY

MOTHER TONGUE

BIRTH DATE

GENDER

MALE/FEMALE

PHONE

ALT. PHONE

EMAIL

MEDICAL HISTORY
(IF ANY)

I HEREBY DECLARE THAT I AM
MENTALLY AND PHYSICALLY FIT TO
LEARN AND PRACTICE YOGA

PROGYAN PEAK EDUCATION LLP

REGISTRATION NUMBER: ABZ-2085

COLLEGE ROAD, JAYANAGAR, DULIAJAN, 786602

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APPLICANT'S SIGNATURE

THANK YOU FOR YOUR INFORMATION