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Please type or print carefully. Forward the completed application form, 1 recent passport size photos, copies of your most recent yoga certificate which you participated and any other relevant documents to the organization.

Contact Information

Date of Birth: _____
(yyyy/mm/dd)

Name of the Organization: _____

Name: _____ Male/Female
(family) (given)

Address: _____
(street) (city, state/province, postal code) (country)

Nationality: _____ Telephone: _____ Email: _____

Education & Professional Background

Education Received: _____

Occupation: _____ Years in Profession: _____

Yoga Background

Total Years of Study: _____ Member of Club: _____

Following System(s): _____

Current Education and Issuing Organization(s): _____

Declaration

The _____

(National Organization Name)

Applies for membership to the Tamilnadu Yoga Federation - TNYF and submit this application form. With this application we recognizes NYFI objectives and as the sole governing yoga organization representative in state

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge,

Name and signature of the responsible

Date (yyyy/mm/dd)

Documentation to be attached with the application:

- CONSTITUTION OF THE ORGANIZATION (scan copy and english translation)
- YOGA RELATED CERTIFICATES

OFFICIAL USE ONLY, PLEASE DO NOT WRITE IN THIS SECTION

Application reviewed by: _____
Name Date