



**NETAJI SUBHASH CHANDRA BOSE INDIAN CULTURAL CENTRE**  
**HIGH COMMISSION OF INDIA KUALA LUMPUR**  
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Passport Size  
Photo

**APPLICATION FORM FOR YOGA TEACHER TRAINING COURSE (ONLY FOR YOGA TEACHER)**

1	NAME OF THE APPLICANT (IN CAPITAL)	
2	DATE OF BIRTH & AGE	
3	GENDER	
4	NATIONALITY	
5	IC NO. / PASSPORT NO.	
6	COMPLETE ADDRESS (LOCAL)	
7	COMPLETE ADDRESS (PERMANENT)	
8	EMAIL ID	
9	TELEPHONE NO.	Res : H/P :
10	YOGA EDUCATIONAL QUALIFICATION	CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/>
11	YEAR OF YOGA TEACHING EXPERIENCE	
12	NAME AND ADDRESS OF THE INSTITUTE WHERE YOU ARE TEACHING YOGA	
13	ARE YOU SUFFERING FROM ANY CHRONIC ILLNESS?	
14	HAVE YOU UNDERGONE ANY SURGERY IN THE NEAR PAST?	
15	ANY OTHER DETAILS PERTAINING TO YOUR PHYSICAL AS WELL AS MENTAL HEALTH?	

I hereby declare that the above details are true to the best of my knowledge. I also undertake to practice all the activities sincerely and the NSCBICC, High Commission of India or the Yoga teacher will not held responsible in case of any health related problem or other damages as a result of injury or death.

APPLICANT'S SIGNATURE :

DATE :

Office Use

Registration No :

Receipt No :