



# WORLD ASSOCIATION OF YOGIC SCIENCE

No. 47, 1st Stage, Ananth Nagar, Manipal - 576104, Udupi Dist  
Phone: (0820) 2573541 | E-Mail: yogiways17@gmail.com

## APPLICATION FORM

Choose the Level of Certification:

Level - 1 Yoga Instructor

Level - 2 Yoga Teacher

Choose Salutation: Mr Ms Dr

Name of Candidate:

First Name:..... Last Name:.....

Your Name as you would like to appear in the certificate:

.....

Date Of Birth:..... Age:..... Nationality:.....

Address For Communication:

.....  
.....  
.....

City: ..... Sate: ..... Pin: .....

Mobile:..... E-Mail ID: .....

Subject of Highest Qualification: Yoga Other

Highest Education Qualification:

Diploma Degree Post Graduate Doctoral Others

Highest Level of Yoga Training:

None  <3 months  3-6 months  6-12 months  >12 months

Experience (if any):.....

.....

Center Name:..... Language for Examination:.....

*"For Details regarding the selection of examination center, refer F.A.Q"*

Attach a  
Passport size  
color photo

Candidate's Signature