Registration Form for Foreign Students

Request for Enrolment in GENERAL CLASSES at the RAMAMANI IYENGAR MEMORIAL YOGA INSTITUTE (RIMYI)

This section is to be filled by the applicant.

Personal Information:		
Last Name First Name		
Middle/Other NameAge Sex (M/F)		
Address:		
StreetCity		
State/Province/PrefectureCountry		
Zip/Postcode		
Contact Nos:		
Country Code Area Code Number		
Fax Email		
Other Details:		
No. of years practising Iyengar Yoga		
Main Teacher		
What frequency of study with them (daily, weekly, workshops)		
Date of last class taken with the teacher/		
Can you speak English? Yes / No		
Any previous classes or intensives at the RIMYI?Yes / No		
If applicable the most recent date of attendance.		
From (month/year)/ to/		

Applying for admission for: (Number as for your preference)
June / July (put year)
• Aug / Sept
• Oct / Nov
• Dec / Jan

The Following is to be filled by the referring certified teacher

Dear Mr. Pandurang Rao,	
I, recommend foryears. she / he has also attended . courses with senior teachers.	vho has studied yoga with me
As per my knowledge, she / he is a genuine yog method.	a pupil / teacher who follows the Iyengar
Yours sincerely,	
	Date:/

Please contact your respective Iyengar Yoga Association regarding fee structure.

Close