



KRISHNAMACHARYA YOGA MANDIRAM

**No.31, 4th Cross Street, R.A. Puram, Chennai – 600 028,
(An ISO 9001: 2000 Certified Organization)**

**KYM INTERNATIONAL YOGA TEACHER TRAINING PROGRAMME
(2011-2013)
(Affiliated to KHYF)
APPLICATION FORM**

First Name		Last Name	
Age & Date of Birth		Gender	
Address		Locality (if applicable)	
City		Pin code	
State		Country	
Phone		Nationality	
E-mail		Fax	
Occupation		Highest Degree	
Married	Yes <input type="checkbox"/> No <input type="checkbox"/>	No. Of children	

Please answer the following questions as clearly as possible. **(Use additional sheets wherever necessary)**

<p>1. a.) Details of your previous experience in Yoga. Please tell us about your practice and training.</p> <p>b.) Details of the content of your learning</p> <p><input type="checkbox"/> Asana practice <input type="checkbox"/> Yoga Philosophy <input type="checkbox"/> Theoretical foundations of Yoga</p> <p><input type="checkbox"/> Pranayama practice <input type="checkbox"/> Meditation <input type="checkbox"/> Others-specify</p>
<p>2. What first brought you to Yoga? Do you have any special or significant experiences in connection to your Yoga practice that you would like to share?</p>



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3. Why have you chosen to apply for the KYM International Yoga Teacher Training Program?

4. What do you hope to gain during & upon completion of the course?

5. Is Yoga your primary profession? If yes, please tell us about your work, the classes you teach, frequency, nature and types of classes etc. (please be as detailed as possible).

6. If Yoga is not your primary profession, please explain how you feel this course fits in with your profession / interests / goals.

7. Tell us about two positive and two negative things in your personality/behaviour.



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8. When you are confronted with a difficult or stressful situation, how do you usually cope with it?

9. As a student of this course, you will be required to undergo various kinds of evaluations, including presentations, written tests, oral tests, project presentations, etc. Are you comfortable with multiple evaluation methods?

10. You will be required to interact regularly with a mentor during and after the training period. What are your feelings with regard to this?

11. After completing this Program, you will be required to continue studies with the KHYF/ KYM in order to maintain your certification. What do you believe are the advantages and disadvantages of this requirement?

12. Are you suffering from/have suffered from any health problems? If so, please list them and the treatment(s) you are/were undergoing for the same.



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13. As part of the application, you are required to submit two letter of recommendation. What is your relationship with the individuals who will be writing these letters? Why did you choose these individuals?

14. Do you have your family's support for your decision to do this Teacher Training programme at KYM in Chennai, India?

Declaration

I declare that I have read the prospectus and application form for the KYM International Yoga Teacher Training program 2011-2013 carefully and I am in agreement with the general rules & policies of the same. I also understand and accept that KYM can change or modify any of its policies without prior notification, during the program and afterwards.

I further declare that all the information provided by me in this application is true and accurate at the time of application. I accept that the decision of KYM with regard to all details addressed in the prospectus will be final

Signed:

Date: