

Arka School of Yoga

Kanniyanahundi gate, Bogadhi-Gaddige Road, Near Madahalli, Mysore-570026

Application Form for Level 1 Arka Dhyana Yoga Theory and Practice Application Form

1	Full Name	
2	Phone#	
3	Alternate Phone#	
4	Email (Personal)	
5	Email (Work)	
6	Address (Home)	
7	Address (Work)	
8	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
9	ID/Address Proof:	Adhar number OR Voter ID OR Passport <input type="text"/>
10	Course Location Address	
11	Subject of Study in University	
12	Occupation	
13	Have you practised Arka Dhyana before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	If yes, name the type/level of Arka Dhyana practised	
15	Reason(s) for learning Arka Dhyana (Tick any that may be applicable)	Enjoy maximum benefits of Arka Dhyana <input type="checkbox"/> Potentially become Arka Dhyana Instructor <input type="checkbox"/>
16	Have you got support from family for practising Arka Dhyana?	
17	Who originally initiated you into learning Arka Dhyana? (Provide Full Name)	
18	How did you come to know of this course?	Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/>
19	Date	
20	Place	
21	Signature	