

## **Embassy of India**

Addis Ababa

## REGISTRATION FORM FOR FREE YOGA CLASSES

Venue: Embassy of India, <u>Yeka</u> sub-city (Near Axum Hotel) Addis Ababa (From 25<sup>th</sup> March, 2019) (Timings: Monday to Friday = 6-7 PM & Saturday = 5-6 PM)

Name						
(in Block Capital)						
Date of birth			Age		1	
					Affi	x PP size
Gender (Tick)	Male		Femal	lε	Pho	tograph
Educational					1	
Qualification						
Quantitation					I.D. No.	
Profession					2.0.140	·
Organization						
5						
Residential Address						
N. c. In						
Nationality						
Phone No.						
Emergency Contact						
(Name & Ph. No.)						
E-mail ID						
Weight (in Kg.)			Не	ight (in g.,	m )	
Body Mass Index	<del>                                     </del>					v Height in
(BMI)	(Weight in Kgs. divided by Height in Mts. Square)					
` '						
Health issues -						
(If any)						
Optionfor	Mon	Tue	Wed	Thu	Fri	Sat
Yoga class						
(Please tick 3 days)		+			+	+
						1
				1		

I, hereby, declare that I am joining the yoga class at my own risk and responsibility. The Embassy of India and its employees will not be liable for any damages caused due to any injury happening to me during yoga practice or afterwards.

Contact Person : Date Signature

Mr. P.K. Raghay, Teacher of Indian Culture, Embassy of India, Phone No. 0944143529

NOTE: Please send the scanned copy of the Registration Form to e-mail ID yogaindia.addis@gmail.com alongwith your authentic identity proof. Please submit the hard copy of Regn. Form to the Yoga Teacher.