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

This section is to be filled by the applicant.

Last Name
Address: Street
Street
Street
Street
State/Province/Prefecture
Zip/Postcode Contact Nos: Country Code Area Code Number Fax Email
Contact Nos: Country Code Area Code Number
Country Code Area Code Number
Country Code Area Code Number
Fax Email
Other Details:
Other Details:
No. of years practising lyengar 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.
rom (month/year)/ to/

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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,	
l,who has studied	
he has also attended	
As per my knowledge, she / he is a genuine yog method.	ga pupil / teacher who follows the lyengar
Yours sincerely,	
	Date://

Please contact your respective Iyengar Yoga Association regarding fee structure.

Close