

Self-Declaration: Medical History

Name of the Candidate: (in Block Letters)-

- a) Mobile No:
b) E-mail:
c) Gender :
d) Age:

GPE (General Physical Examination)

1. Height-
2. Weight-
3. BP-
4. Pulse Rate-
5. Blood Group-

Present medical conditions, including mental ailments-

Past medical history, including surgery-

Family **medical** **history-**

6. Background of Yogic Practices, if any : _____
7. Background of physical activities, if any : _____
8. Your involvement with any Yoga Institute? If Yes, Name & Address of Institute: _____

DECLARATION OF THE CANDIDATE

I hereby solemnly affirm that the information furnished by me in this Self-Declaration of Medical History is true and correct. Should it, however, be found that any information furnished therein is fraudulent, incorrect, or untrue, I am aware that my admission to the Course is liable to be cancelled without any reference to me at any stage.

I also confirm that should there be any untoward incident during any of the practical sessions of Yoga, it will be at my own risk as to cost and consequences arising therefrom and the institute shall not be responsible for any incident and consequences including costs arising therefrom. I hereby absolve the Institute from any liability arising out of any incident during practical sessions of Yoga.

Date:

Signature of the Student

Signature of the Parent/Guardian

(in case student is a minor)