

Shri Krishna Yog Sanstha (SKY)

New sanghvi, Sahyadri colony,pune - 411027

India. Ph: 9545353535

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APPLICATION FORM FOR AN AFFILIATION

1. a) Name of the INSTITUTION (in Capitals) :
- b) Name of the Head of the Institution :

2. Address

3. Telephone Office :
- Residence :
- Fax :
- Email :
- Web :

4. Name of the Society/Trust promoting the Institution/Organization :
(Copy of the Society/Trust deed/shop act Should be attached)(if applicable)

5. When the Institution started functioning :

6. Objectives of the Institution :

7. Courses/Training Program imparted/or any other activity by the Institution (Enclose Prospectus, or Information Bulletin, if any) (attach extra sheets in need)

8. Mention the yoga course(s) the Faculty/Staff/Teachers who have undergone/attended, (Name wise): (attach extra sheets if need)

P.T.O

9. How long the institution has been :
Associated with SKY

10. Membership of Associations, (if so mention details) :

11. Would you like to associate with SKY :
As an affiliated center

12. Report of activities of the Institution
(Enclose the latest Annual Report/Report at the Annual GBM/
or a report presented on the Institution Day):

14. Any other particulars (attach extra-sheets) :

15. Demand Draft towards Affiliation Fees:

Name of BankNumber.....Date.....

Date:

Signature