

## ASSOCIATION OF THIRUVANANTHAPUR (Recognised by kerala state sports counsil and affiliated to yoga Federation of India)

Upasana, BLRA 24, Near Vikasbhavan Police Quarters, PMG Jn., TVPM, Kerala PIN 695033 Mobile: +91 9447010719, 7907238087, 9947982897

E-mail ID: yogaassociationtvpm@gmail.com, yogatvmchampionship@gmail.com **ENROLMENT FORM** 

	(To be filled in Capital Letters)	
Name of Unit	:	Latest Passport size coloured
Name of Applicant	:	photo of the candidate
Date of Birth	: Sex: Blood Group:	
Address	:	
Mobile No.	: E-mail:	
Qualification	1	
Occupation	:	
	Signature	of Candidate
Specimen Signature of Dated:		retary/Manager
Name:		
For the offic	e use of Yoga Association of(DISTRICT	NAME)
Registration No. :		
	Pres Yoga Association of	ident/ Secretary
MEMBERSHIP SUBSCRIPTION  1. Registration Fee		

NOTE: Players for registration must attach Xerox copy of Date of Birth, Medical Fitness Certificate,

Risk Certificate along with enrolment form. Last Date of Application 25-07-2022