



YOGA ASSOCIATION OF KERALA

(RECOGNISED BY KERALA STATE SPORTS COUNCIL &
AFFILIATED TO YOGA FEDERATION OF INDIA)

Reg No KNR/CA/399/2016

UPASANA, BLRA 24, BRIGADE LANE NEAR POLICE QUARTERS,
VIKAS BHAVAN, THIRUVANANTHAPURAM 695033

Email yogaassociationofkerala@gmail.com

ENROLLMENT FORM

(To be filled in Capital Letters)

Latest
Passport size
coloured
photo of the
candidate

Name of Unit :

Name of Applicant :

Date of Birth : Sex: Blood Group:

Address :

.....

.....

Mobile No. : E-mail:

Qualification :

Occupation :

Specimen Signature of the Candidate

Specimen Signature of the Candidate

Signature of Candidate

Dated:.....

Signature: - President/Secretary/Manager

Name:

Name of the Association/Unit:

For the office use of Yoga Association of..... (DISTRICT NAME)

Registration No. :

President/ Secretary

Yoga Association of

MEMBERSHIP SUBSCRIPTION

1. Registration Fee.....Rs.100/-

2. Entry Fee.....Rs.400/- per event , per competitor.

NOTE: Players for registration must attach Photo copy of Date of Birth, Medical Fitness Certificate, Risk Certificate along with enrolment form.