

Centre Of Vivekanada Yoga & Research Development

Course Application Form

Any queries, please contact David Lee @ 6755 2951/9272 0822 or
email to davidlee@yogamaster.sg

Personal Particulars		
NRIC No./Fin S/T/F/G <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Full Name: 	PHOTO
Home Address <hr/> <hr/> <hr/> Postal Code: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Date of Birth <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Contact Number: <div style="margin-bottom: 10px;"> _____ Home </div> <div style="margin-bottom: 10px;"> _____ Office </div> <div> _____ Home Pager/Handphone </div>	Nationality <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Foreigner	
Race <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Other, please specify	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other, please specify _____	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Highest Education <input type="checkbox"/> Primary <input type="checkbox"/> Vocational Institute <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Junior College	
Language Steam, if applicable _____		
Occupation _____		
Course	Duration	Course Fee
Basic / Intermediate / Advanced		S\$ _____ per month
Training date: _____ / _____ / _____ till _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Day Month Year Day Month Year </div>		

Signature _____ Date _____