



Shree Neelkantha Yoga Kendra

Abhilasha-1026, Sector-3, UDYAN-2, Raebareli Road,
Lucknow - 226025



Registration Form

Name : Gender : M F

Date of Birth : Height : (cm) Weight : (Kg)

Profession/
Nature of Work :

Usual Meals : Vegetarian :
Non-Vegetarian :

Addictions : Smoking Drugs Tobacco None
Sleep : Normal Excess Less
Appetite : Normal Excess Less
Thirst : Normal Excess Less

Health Problems (Chronic problems / any injuries etc) :

BP : Sugar : Fasting PP

Pathological findings (if any) :

Previous Treatments Taken (if any) :

My choice of Yoga : Preventive Yoga Curative Yoga Rehabilitative Yoga

Mother Tongue : Hobbies & Interests :

Other Language(s) :

Address :

Mobile : Email :

Place : Date :

I confirm that I have received the "Important Instructions Sheet" and I shall abide by it.

Signature :
(Parent/Guardian may sign for a minor)

Phone: 0522-2440123, 09956125171

Email: bheemlko@gmail.com

Website: www.neelkanthayoga.com

(To be filled by the center I/C)

Registration No. :

Registration Date :