



**WYF WORLD YOGA FEDERATION**  
**REGISTRATION FORM FOR**  
**YAI ACCREDITED COACH/YOGA TRAINER**

Reg. No.

Date .....

**APPLICANT DATA**

|                                       |               |
|---------------------------------------|---------------|
| Name                                  | Last Name     |
| Gender                                | Date of Birth |
| Mobile Number                         | E-mail        |
| Father's Name                         |               |
| Address                               |               |
| Name of your Organization/Institution |               |
| Experience                            |               |

**Category of Coach / Yoga Trainer**

|                            |                          |                            |                          |                            |                          |
|----------------------------|--------------------------|----------------------------|--------------------------|----------------------------|--------------------------|
| Yoga Trainer<br>(100 Hrs.) | <input type="checkbox"/> | Yoga Trainer<br>(200 Hrs.) | <input type="checkbox"/> | Yoga Trainer<br>(300 Hrs.) | <input type="checkbox"/> |
| Yoga Trainer<br>(400 Hrs.) | <input type="checkbox"/> | Yoga Trainer<br>(500 Hrs.) | <input type="checkbox"/> | National Yoga<br>Coach     | <input type="checkbox"/> |

Stamp & Date

*Name of National Federation President  
or General Secretary*

**Office : Shop No. 179-A, Nagar Nigam Market, Vikas Nagar, Kanpur (U.P.) India**  
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