



# WYF WORLD YOGA FEDERATION

## AGREEMENT FORM

Date : .....

Place : .....

Affix passport size  
Photograph

|                       |  |
|-----------------------|--|
| Affiliation Cert. No. |  |
|-----------------------|--|

### AGREEMENT FOR AUTHORIZED AFFILIATED INSTRUCTOR

|   |           |           |
|---|-----------|-----------|
| INSTRUCTOR NAME                             |           | SEX : M/F |
| ADDRESS                                     |           |           |
| COUNTRY                                     |           |           |
| YOGA QUALIFICATION<br>(DEGREE/DEPLOMA)      | D.O.B.    | AGE       |
| CONTACT No.                                 | E-mail ID |           |
| PERIOD OF PRACTICE                          |           |           |
| NAME OF FEDERATION/ORGANISATION/ASSOCIATION |           |           |

\_\_\_\_\_  
Signature & Name of  
Authorized Affiliated Instructor

  
**Shobhit Pandey**  
General Secretary  
(WYF)