

**International Symposium on**  
***YOGism for Healthy & Happy Living and Aging***  
*\*Cosponsored by Central Council for Research in Yoga and Naturopathy*  
*(CCRYN, Govt. of India)*

**December 6-7, 2010**

**REGISTRATION FORM**  
(May be Xeroxed for extra copies)

Name: (Prof./Dr./Mr./Ms.) \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Qualification: \_\_\_\_\_ Designation: \_\_\_\_\_

Mailing Address (with PIN): \_\_\_\_\_

Telephone No. (Office) \_\_\_\_\_ Mobile No: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Registration Fee is enclosed: Yes / No  Delegate

Accommodation required: Yes / No  Student

Accompanying Person

No. of Accompanying Person: \_\_\_\_\_ Adult: \_\_\_\_\_ Children: \_\_\_\_\_

Name(s) of Accompanying Person (if any) \_\_\_\_\_

***Details of Payment***

Registration fee : Rs / US\$ \_\_\_\_\_

Accommodation charges : Rs / US\$ \_\_\_\_\_

Total : Rs / US\$ \_\_\_\_\_

Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_

***For Electronic Transfer the details are:***

*State Bank of India (SBI) A/c No.: 31155206743 IFS Code:SBIN0012756*

OR

Demand Draft in favour of "*International Symposium on YOGism*", payable at Sevagram / Wardha, of any Nationalized bank may be sent to the Organising Secretary of the Symposium.

**Candidate's Signature**

Completed registration form along with DD or (payment receipt if transfer electronically) may please be sent to the Organizing Secretary  
email: arogyadham.seva@gmail.com Web: www.arogyadham-seva.com