

APPLICATION FORM FOR YOGA PROFESSIONAL CERTIFICATION

Please make note that you need to make payment of fees by an A/C payee Cheque/Draft payable at Hyderabad drawn in favour of TQ Cert Services Private Limited. Our Bank Account No.is 00812560000334, HDFC Bank Ltd, Himayathnagar Branch, Hyd-500 029. For E-Payments please mention RTGS/NEFT IF-SC Code: "HDFC0000081 "Also please confirm the transaction after E-Payment by sending an Email to tq@tqcert.in.

Level of Certification

Your name as you would like to appear in the certificate

First Name followed by middle name (if any)

Surname

Email id

NOTE:- Your E-mail ID will be your User Name while logging in.

Mobile number

Date Of Birth

Month	<input type="text"/>
Date	<input type="text"/>
Year	<input type="text"/>

Gende Male Female Nationality Indian Others

Region State

Address for all communication

House No./Flat No.

Street No./Area/Land Mark

Village/City

PIN/ZIP Code

Aadhaar Number(Make Sure it contains 12 digits)

Highest Education Qualification

Highest Level Yoga training

Subject of Highest Qualification

Exam City • First Preference

City Name	Select Preference
Nashik	<input type="radio"/>

I hereby accept that ,if the number of Candidates are less than minimum required, TQ Cert can move my registration to the Second Preference City even after I submit the consent to First Preference City

Exam City • Second Preference

City Name	Select Preference
Mumbai	<input type="radio"/>
Pune	<input type="radio"/>

Experience

Select Language for Examination

How you come to know about TQ Cert

Do you have any pending Judicial proceedings relating to your conduct or by any regulatory body. ?

Yes No

Instances of discomfort /disability caused to any of your students in the past 2 years. ? Yes No

Is your earlier application form rejected? Yes No

Applicants duties

AGREEMENT FOR CERTIFICATION SERVICES

_____ (hereinafter referred to as Applicant) situated
at

_____ hereby applies to TQ
Cert

Declaration

SELF DECLARATION I,, confirm that I follow the Yamas and Niyamas as delineated in Patanjali Yoga Sutras to the best of my ability in my day-to-day life and promise to continue to do so in future. I understand that if I am found blatantly violating the Yamas and Niyamas at a later date, my certification can be suspended and withdrawn. Please refer section 1 below for details.

I have read and understood the Applicants duties (lassets/files/PrCB-F33 Agreement for Certification Services.docx) along with the Declaration (lassets/files/PrCB-F34-Declaration by Candidates.docx) which also includes the Code of conduct and agree to abide by it and the undertaking present in it.

 Yes

 No

Payment Term and Conditions

Payment Terms & Conditions

1) Candidates are required to bring an identification Proof containing photo (Original along with Copy) to the exam centre, i.e. any one of the (Passport / ID card / Driving Licence / Aadhar Card). If proof of identification is not provided to the Invigilator/ Examiner prior to the examination, TQ Cert shall not permit the candidate to appear for the exam.

2) Fees once paid will not be refunded.

3) If at any exam centre location, total count of registered paid applicant falls below 50, then

I have read and understood the Payment Terms and Conditions (lassets/files/Payment Terms and Conditions.pdf) and agree to abide by it.

 Yes

 No

PRE-MEDICAL HISTORY INFORMATION / DECLARATION

S.No		YES	No
1	Do you have any family history of .		
	a) Heart ailment	<input type="radio"/>	<input type="radio"/>
	b) Diabetes	<input type="radio"/>	<input type="radio"/>
	c) Mental illness	<input type="radio"/>	<input type="radio"/>
	d) Tuberculosis	<input type="radio"/>	<input type="radio"/>
2	Whether you have undergone any surgical operation in the past?	<input type="radio"/>	<input type="radio"/>
3	Do you take medicines regularly?	<input type="radio"/>	<input type="radio"/>
4	Do you have any body deformity or defect?	<input type="radio"/>	<input type="radio"/>
5	Do you have any problem of Rheumatism / Asthma / Joint pain?	<input type="radio"/>	<input type="radio"/>
6	Do you have any large veins in your legs, thighs (varicose -veins)?	<input type="radio"/>	<input type="radio"/>
7	Are you color blind?	<input type="radio"/>	<input type="radio"/>
8	Do you have any hearing problem?	<input type="radio"/>	<input type="radio"/>
9	Have you ever had any skin disorder?	<input type="radio"/>	<input type="radio"/>
10	Have you ever had medical treatment for?		
	a) Allergies	<input type="radio"/>	<input type="radio"/>
	b) Hay fever	<input type="radio"/>	<input type="radio"/>

c) Reaction to surgery	0	0
d) Reaction to medicine		0 0
e) Sprain		0 0
f) Fracture or broken bone		0 0
g) Diabetes	0	0
h) Fits		0 0
i) Eye trouble	0	0
j) Fainting spells		0 0
k) Heart troubles or High Blood Pressure		0 0
l) Hernia or Rupture	0	0
m) injury to knee joints		0 0
n) Paralysis or weakness in arms or legs		0 0
o) Emotional upsets	0	0
p) Tuberculosis		0 0
q) Rheumatism		0 0
r) Prolonged fever		0 0
s) Back pain	0	0
t) Sacroiliac	0	0
u) Any other health condition		

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