

||ShriRamSamarth||
Peace & Prosperity through Surya Namaskar
Registration Form

To
Surya Sthan Samarth
www.suryanamaskar.info
'Kashiwant' Patil Lane-4, College Road, Nashik-422005

Dear Sir,

I am interested in the art of Surya Namaskar. I want to experience total health through the daily practice of Surya Namaskar. I assure you to use all my ability and every little best to be regular and punctual in performing Surya Namaskar. My personal information is as follows:

Full Name: Mr./Mrs./Miss. :

Phone number :

E-Mail :

Postal address :

pin code:

Name of the School / Collage :

Name of the course :

Service / Post Held :

Date of birth and Age :

Height in CM :

Weight in KG :

Body mass {BM = Weight in KG

\div (Height in met.)²}:

Chest (Normal & Puffed up) :

Heart Beats per minute :

General goal to take to SN: Health, Happiness and success.

Your specific goal: Weight loss /weight gain / BMS / heart beats / B.P. /arthritis / asthma / piles / TB / spinal problem / eye sight / eye problem /sinus diabetes / anger & anxiety / memory & intellect etc if any:

Recent checkup and Pathological Reports of the ailments: Date of the first checkup: _____

Extra activities during the year: _____

Percentage of marks of the annual exam. _____

TV/Computer daily working hours: _____

Wake up time in the morning: _____

Sandhya Vidhi, Meditation, Japa etc. if any: _____

How many hours for outdoor play? _____

Daily routine of physical exercise: _____

Other health problems, if any, pl. specifies: _____

Note: It is mandatory to the patients of slip-disk, arthritis, asthma, heart trouble including pregnant women and ladies with irregular menstruation etc. to take medical opinion before registration.

Signature of the parent(s)
student.
(If the student is minor.)

Signature of the
Date: