

SCIENCE OF SILENCE YOGA

SIDDHA SAMADHI YOGA(SSY)

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Contact: Suresh: 0411 579 721 Santhosh: 0403 290 457 Sujith: 0439 899 559

Batch No.

Registration Fee: \$50

Account Details

Name: Suresh Babu, BSB: 063 121 A/c: 1055 0049

SSY MELBOURNE REGISTRATION FORM – BATCH 06

(Write in clear BLOCK LETTERS)

First Name

Mr Mrs Ms

Surname

Gender

M F

Age Range

13-19 20-25 26-35 36-45 46-55 55-65

Marital Status

Single Married

Address

E-mail Address

Telephone:

Facebook ID :

1. How do you generally feel in mind? (tick one) Good Worried Tensed

2. What specific benefits you would like to derive from this culture?

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3. Do you have any ailments? Yes No

If yes, mention since how long (months/years) and describe the ailment

1. Period Medicines

2. Period Medicines

4. Have you practiced any other form of Meditation? (Yes/No) If yes, describe

Date:

Applicant's Signature.....