



Shanti Niketan Ashram
Yoga Therapy Certification Program



Name _____

Address _____

Phone number _____ Email _____

Current age and state of health:

How long have you been practicing yoga?

Please describe a little about your relationship with the Ashram and why you want to study traditional yoga.

How do you currently apply the 10 precepts of Yoga (Yama and Niyama) in daily life?

How will you make time for daily practice, study and reading?

Vegetarianism and freedom from alcohol are requirements for this training. Are you prepared to follow these requirements? How?

How will you meet the financial requirements?

Other comments:

If you require more space, please attach additional sheets of paper.
Kindly mail your completed application with your deposit or payment in full to:
Shanti Niketan Ashram 1103 Imperial Rd. Cary, NC 27511
Please email us with any questions: info@shantiniketanashram.com