

FEEDBACK FORM AS EXPERIENCE AS TRAINER

Name of the trainer / Yoga Professional:

Trainee Details:

1. Name :

2. Address:.....

3. Email Id:

4. Phone / Mobile Number:

5. Period of Yoga Training/ practice

From:..... **To** **Total No. of days**

6. Mode of training: Home based/ Park/ Society/ Corporate / Any other

.....

7. Reason for taking up Yoga Practice/ Training:

8. Feedback about the Yoga Trainer/ Instructor:

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9. Please mark the trainer out of 10:

(Signature):

Date:

Name of trainee