

### FORMAT FOR FIELD EXPERIENCE OF YOGA PROFESSIONALS

1. Name of Yoga Professionals: \_\_\_\_\_
2. Mobile No.: \_\_\_\_\_ 3. Email ID: \_\_\_\_\_
4. Current category of certification: \_\_\_\_\_
5. Details of the experience related to Yoga Teaching and Training:

#### A. Persons Trained

Sl. No.	Financial Year	No. of persons trained	Mode of training (Multiple modes can be selected for a year)	Remarks
			Home based <input type="checkbox"/> Park <input type="checkbox"/> Society <input type="checkbox"/> Corporate <input type="checkbox"/> Any other .....	
			Home based <input type="checkbox"/> Park <input type="checkbox"/> Society <input type="checkbox"/> Corporate <input type="checkbox"/> Any other .....	

Total persons trained: \_\_\_\_\_

#### B. Working experience with organization

Sl. No.	Name of the Organization / Institution	Post held	Mode of working (Full time / part time / voluntary)	From date	To date	Experience in hours	Roles & Responsibilities

Total experience ..... hours

C. Yoga Camps

Sl. No.	Name of the camp	Post held	Mode of working (Full time / part time / voluntary)	From date	To date	Experience in hours	Roles & Responsibilities

Total No. of Camps .....

**Signature of candidates**

**Date:** \_\_\_\_\_

**Authorized Signatory of Institute**

**Date:** \_\_\_\_\_