

Internship Request Form

Please download and print the form. After duly filling in all details and obtaining the attestation from your teacher/mentor, please scan the filled in form and email it to **mails@kym.org**.

1. Name:.....

2. Age:.....

3. Nationality:.....

4. Address:.....

5. Email:.....

6. Contact Numbers:.....

7. Name of Teacher/Mentor:

.....

8. Experience in Yoga:

.....

.....

9. Reasons for seeking an Internship at KYM :.....

.....

10. Duration of Internship Requested:

Two weeks Four Weeks

11. Preferred dates for Internship: (Please give three optional dates to enable us to accommodate you)

Option 1:

Option 2:

Option 3:

12. Attestation from Mentor/Teacher certifying the interest and experience of the student:

Declaration:

I hereby declare that I have read and understand all the rules of the internship procedure at KYM. I declare that I will abide by the abovementioned rules for the duration of my internship at KYM. I also declare that the observations made by me will be held as confidential and no part of these observations will be published in any form or manner for any purpose without prior written permission from the Management of KYM.

Name :

Sign:

Date: