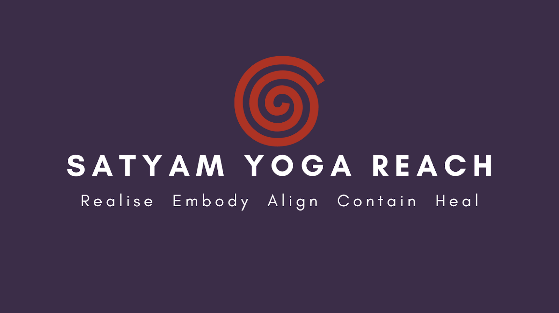
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**Application for the Satyam Foundation Programme : September 2024 – December 2024**

Name: Pronouns:

Date of birth: Email address:

Phone number: Home address:

Current work/profession:

Experience of yoga and/ or meditation (e.g years, teachers, styles):

Do you have a current sadhana (personal practice)?

Are you able to commit to a daily practice for the next 4 months?

Chosen payment option (please tick) : 1.   2.   3. (please contact us for Support & Solidarity rate)

**Payment Details:  Satyam Yoga Reach Ltd, Account Number: 20466747 - Sort Code: 60-83-01**

Signed: Dated:

Thank you for your application. Please return the completed form to Chiraswa@satyamyogacentre.co.uk