

## REGISTRATION FORM FOR ETT (BASIC) PROGRAM

Note: 1. All coloumns are to be filled without blanks. In case it is not applicable write as N.A.  2. Tick in the box wherever provided appropriatly. 3. Attach extra sheet in case required.					
A.	General Information				
1.	Name :				
2.	Name like to be called	3. Date	e of Birth :	4. Age :	
5.	Gender: Male Female 6	. Educational Qualifica	ation :		
7.	Occupation :				
8.	Postal Address :				
9.	Contact Phone No.: Office:	lome:	Mobile:		
10.	. Preferred time to contact you over phone:				
11.	. When did you enroll for the program: D	Date:	in which event:		
12.	. Date of the program for which enrolled:				
14.	14. Has any of your family members attended the program:				
15.	15. If yes, Person's name :				
16	Who enrolled you to this program				
B. Physical wellness related information					
1.	Do you have any health related issues as on o	date : Yes	No		
2.	If yes, please indicate whether you have any is	ssues related to the fo	llowing:		
	a. Diabetes b. Hypertension c.	. Cholesterol	d. Gastric	e. Migraine	
		I. Male Issues	i. Female Issues	j. Allergy	
	k. Skin issues I. Back pain m	n. Respiratory issues	n. Excess Weight		
3.	Mention in case you have any other ailment of	ther than mentioned at	oove:		
4.	How long are you having the ailment ?				
5.	Do you have any difficulty to sit for long duration	on in the program ?			
6.	Do you need any special arrangement to cope up the ailment during the program ?				
7.	If 'Yes' to '6' mention what arrangement is requ	uired :			
8.	Are you at present under medication for any o	of the ailments mention	ed above? Yes	No	

9. In case of yes to the above, what is the type of medicine?				
Herbal Homoeopathic Allopathic any other				
10. How long are you under medication?				
11. Have you undergone any major surgery any time ?if Yes, mention.				
I, am aware that I have to sit long hours in the program and I take responsibility of my health as no physician will be available in the program venue. In case of any difficulty, I will speak to the manager and take suitable steps				
Pate Signature				
C. Mind wellness related information :				
1. Did you had any mind health related (Psychiatric) issues like depression or other any time? Yes No				
2. If yes please indicate the type of issues in detail				
3. Were you under medication for the issue? Yes No				
Do you have presently any mind health related (Psychiatric) issues like depression or other ? Yes No				
If yes please indicate the type of issue in detail:				
6. Are you under medication at present for the issue ? Yes No				
7. How long are you having the above ailment ?				
8. Do you have any difficulty to sit for long time in the program ? Yes No				
9. Do you need any special arrangement to cope up the ailment during the program?				
10. If yes to '9' mention what arrangement you need:				
I take responsiblity of my health as no physician will be available in the program venue. I will get my physician's permission in case required.				
Date. Signature				
What made you to enroll for the program ?				
Is there any particular issue you see you can resolve by attending this program?				
Anything else you want to communicate ?				
I have gone through and understood all the details in this form and understood the requirements to participate in the program. In case anything is required to be communicated after submitting this form. I will contact the person concerned and clarify / communicate the same.				
Date :				
ce: Signature				
(Note: Be informed that your participation to the program will be confirmed only after the form is cleared by the program director).				