**REGISTRATION FORM**

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|   Embassy of India **Amrita Sher-Gil Cultural Centre****Budapest, Hungary**Contact :  Tel : (36-1) 325-7742, cul2.budapest@mea.gov.in/ cul1.budapest@mea.gov.in

|  |  |
| --- | --- |
| NAME |  |
| GUARDIAN’S NAME(in case of candidates below 18 years) |  |
| CONTACT NUMBER \*(guardian’s contact in case of candidates below 18 years) |  |
| EMAIL ADDRESS \*(guardian’s contact in case of candidates below 18 years) |  |
| RESIDENTIAL ADDRESS |  |
| Experience in Yoga |  |

Signature of the candidate\*fields are mandatory |

 **www.eoibudapest@gov.in**