**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](mailto:cul2.budapest@mea.gov.in)/ [cul1.budapest@mea.gov.in](mailto: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 |

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