



home of life
ayush grama

Registration

Name:

Date of Birth:

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State / Country:

Phone. Land. / Mobile:

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I hereby register my participation for

- | | |
|-----------------------------|--------------------------|
| ❖ Ayurveda Treatments: | PANCHAKARMA |
| ❖ Ayurveda Basic Course: | SUTRA |
| ❖ Ayurveda Advanced Course: | CHIKITSA |
| ❖ Yoga Therapy: | YOGA & DOSHAS |
| ❖ Vedanta Course: | VEDANTA |

Date / Begin:

Place/ Date:Signature.....

Please sign and send to :

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