



# **Ayurveda Practitioner Application**

## **PROGRAM APPLICATION**

Thank you for your interest in our Ayurveda Training Program based on the *Guidelines of various training models of Ayurvedic Education for Foreign Countries by Government of India (Ministry of Health & Family Welfare, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH). Benchmark of World Health Organization (WHO) approved and recognized by Association of Ayurvedic Professionals of Northern America (AAPNA), conducted by Vaidya Ashlesha Raut and other vaidyas fully trained in India in Ayurvedic Sciences.*

We rely on information provided in this application to make informed decisions about your capacity to fully participate in and benefit from all aspects of the program. Please answer the questions honestly and completely. Providing inaccurate or incomplete information may result in non acceptance or removal from the program.

## **APPLICATION PROCESS**

We strongly recommend that applicants submit applications as soon as possible to ensure that they fulfill all pre-requisites.

Review information on program dates, costs, faculty and curriculum.

Complete the attached program application in its entirety. Incomplete applications will not be reviewed.

Submit the \$100.00 application-processing fee by cash or check. Checks can be made payable to "Yoga Gyan Jyoti".

Wait for an e-letter of admission or a phone call from our Ayurveda Department regarding your acceptance into the program. This letter should arrive by e-mail within two weeks of the date of receipt of your application. If you do not receive such confirmation within two weeks of submission of your application please give us a call. The Yoga Gyan Jyoti Center may also require a phone interview if deemed necessary to arrive at an admissions decision.



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## ADMISSIONS CRITERIA

- 1) **General requirements:** You must be at least 18 years of age, demonstrate English-language proficiency, and have received a high school diploma or GED.
- 2) **Computer Proficiency:** The participant must have access to a computer and an email account. A degree of comfort in using these tools is imperative to the completion of the training.
- 3) **Physical, mental, and emotional preparedness:** The intensive nature of the program is physically, mentally, and emotionally demanding. To be admitted to this Ayurveda Training, you must demonstrate readiness to fully participate in the program. Additionally, an applicant may be denied if it is determined that his/her participation would in any way jeopardize a safe and cohesive learning environment. The Yoga Gyan Jyoti Center administrative office may request additional documentation and/or clinical evaluations to evaluate medical and/or mental-health preparedness.
- 4) **Ayurvedic consultation:** A consultation must be conducted with one of the faculty members.
- 5) **Completion of Year 1:** Applicant must have successfully completed Year 1 Ayurveda Training Program with a NAMA or AAPNA recognized school
- 6) **Anatomy and Sanskrit Class:** Applicant should have completed anatomy training and Sanskrit workshop required by Yoga Gyan Jyoti to complete year 1 Ayurveda Program.

**Location:** Universal Spirit Yoga , 408 W 5<sup>th</sup> Ave. Naperville, IL 60563

### **Main Faculty:**

Vaidya Ashlesha Raut  
Vaidya Shekhan Annambhotla  
Vaidya Aparna Bapat

**Please mail your completed application to:**

[Yogateacher.gupta@gmail.com](mailto:Yogateacher.gupta@gmail.com)

Or

Yoga Gyan Jyoti Center for Yoga and Ayurveda,  
408 W 5<sup>th</sup> Ave. Naperville, IL 60563  
ATTN: Administrative Department



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Date of application: \_\_\_\_\_ Date Received (for office use): \_\_\_\_\_

## **PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In order to assess the effectiveness of our outreach efforts, please check your racial/ethnic background (optional):

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Asian/Asian American
- ☐ Native American/Amerindian
- ☐ Multiracial (please specify): \_\_\_\_\_
- ☐ Other (please specify): \_\_\_\_\_



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## **EMERGENCY CONTACT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **EDUCATION**

Have you received a high school diploma or GED? ☐ Yes ☐ No

Advanced Degree (please describe):

\_\_\_\_\_

Please list schools attended, dates, and degrees obtained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please include a copy of your GED or diploma of highest degree completed with your application.



# Ayurveda Practitioner Application

## WORK

Current occupation(s): \_\_\_\_\_ Number of years: \_\_\_\_\_

Past occupation(s): \_\_\_\_\_ Number of years: \_\_\_\_\_

\_\_\_\_\_ Number of years: \_\_\_\_\_

\_\_\_\_\_ Number of years: \_\_\_\_\_

## PRIOR COURSEWORK/TRAINING

Please list any previous Ayurvedic Coursework or Training you have had:

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Please answer the following question (attach an extra sheet of paper, if necessary):

1. Explain your interest in Ayurveda, including your personal and professional goals within the field.

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# Ayurveda Practitioner Application

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2. Describe your knowledge of Ayurvedic philosophy and practice, including any personal experience with Ayurveda.

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3. Describe your personal experience with yoga philosophy and practice, including a description of your yoga practice if you have one.

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# Ayurveda Practitioner Application

## STUDENT PAYMENT PLAN

Please choose a payment plan that fits your budget:

- ☐ Full Payment at the start of program \$5650.00
- ☐ Monthly Payment Plan \$600.00 for 10 months

## OTHER FEES

- Application Fee: \$100.00 (due at the time of application)
- Late Payment Fee \$25.00 (after 5<sup>th</sup> day of the month)
- Returned Check Fee \$35.00
- Credit card processing fee 3 %

Monthly payments are due before the 5th of each month. A \$25.00 late charge will apply to all payments made after the 5th.

## CREDIT CARD AUTHORIZATION

Name on Card: \_\_\_\_\_  
First Last M.I.

Billing Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Card Type: ☐ Visa ☐ MasterCard ☐ American Express

Card Details: \_\_\_\_\_  
Number Exp. Date

CVC Code: \_\_\_\_\_

Payment Start Date: \_\_\_\_\_ Payment End Date: \_\_\_\_\_

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# Ayurveda Practitioner Application

Frequency:      One-Time (Full Payment)      Monthly

I hereby authorize Yoga Gyan Jyoti to charge me according to the terms listed above and the payment plan specified by me herein.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## **APPLICATION CHECK LIST**

- ☐ Complete and sign admissions application
- ☐ Include a copy of diploma of highest education completed or GED
- ☐ Submit non-refundable application fee of \$100.00 by check, payable to "Yoga Gyan Jyoti"

## **LEGAL TERMS**

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that, you have been given:

- a) A written statement of the refund policy including examples of how it applies and
- b) A detailed information including a description of the course or educational service, including all the material facts concerning the school and the program or course of instructions which are likely to affect your decision to enroll.

## **REFUND POLICY**

1. A 90% refund is possible if the application for refund is submitted in writing prior to the beginning of the course.
2. A 75% refund shall be granted if the application is submitted at least two days after the start date of the course
3. A 25% refund shall be granted if the application is submitted within the first 10 days of the beginning of the course
4. No refunds are granted ten days after the start of the course.
5. The course registration fee of \$100.00 is non-refundable.



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I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Yoga Gyan Jyoti Center D.B.A. Universal Spirit Yoga.

I certify and understand that I am responsible for all fees, charges, and services that I am applying for, and that I am obligated to pay for the Ayurveda Program. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the Yoga Gyan Jyoti Center's cancellation and refund policies have been clearly explained to me.

I also understand and agree that Yoga Gyan Jyoti Center for Yoga and Ayurveda LLC DBA Universal Spirit Yoga is not responsible for the actions of students and graduates in their Ayurvedic career. I understand and agree that said organization does not take responsibility for employment or a career in the field of Ayurveda, or any other health related field, upon completion of the course. I certify that all the information on this application is true and correct.

I understand that any false or misleading information will void this application.

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Student Name

Student Signature

Date

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School Official Signature

Date