

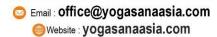






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Delhi Address: C-245/B, 100 Feet Road, Hardev Puri, Shahdara, Delhi-110093



Date: 16.03.2025

Registration No. Maharashtra/490/2022 F-24246 Ahmednagar 2022

File No. Asian/2025-26/13

POSTPONEMENT NOTIFICATION

To,

- 1. President/Secretary, National Yogasana Federation
- 2. Ad-hoc Committee of Concern Asian Countries
- 3. In-charge/ Coordinators of Concern Asian Countries

Dear Brothers & Sisters,

In reference to the meeting of Asian Countries Stakeholders held on 12th March 2025, it is hereby notified that the 2nd Asian Yogasana Sports Championship 2025 which was scheduled from 29th to 31st March 2025 has been postponed. The new dates are 25th to 27th April 2025. The venue of the championship remains unchanged at Indira Gandhi Stadium Complex, New Delhi, India.

You are requested to confirm the participation of Athletes, Team Managers and Coaches at New Delhi, India for the above said championship. The updates of the championship are as under:

- 1) Reporting & Registration of athletes/ teams shall be on 24th April 2025 before 5 PM.
- 2) Departure of the athletes/teams shall be on 28th April 2025.
- 3) Last date of submitting the athletes entries is on 10th April 2025.
- 4) The last date for MQM shall be on 15th April 2025. The vacant seats of any country shall be open for MOM Round.
- 5) Passport Holder/ Citizenship card/ Resident Card of concerned country shall be considered for participation.
- 6) Other terms and conditions mentioned in the circular dated 18th February 2025 remains unchanged.

Dr. M Niranjana Murthy Competition Director

Umang Dawn Secretary General Asian Yogasana

Dr. Sanjay Malpani President Asian Yogasana

Yash Parashar Director (TEAMS)

Competition Manager





President **Dr. Sanjay Malpani**o +91 98508 11271

Secretary General - **Umang Dawn**oumangdawn@gmail.com
oumangdawn@gmail.com
oumangdawn@gmailto:secretary
<a href="mailto:secretary"





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Email : office@yogasanaasia.com
@Website : yogasanaasia.com

Copy to:

- 1. The President/ Secretary General, World Yogasana.
- 2. The President/ Secretary General, Yogasana Bharat, New Delhi, India.
- 3. The Executive Council, Asian Yogasana
- 4. The President, Olympic Council of Asia.
- 5. The President/ Secretary General, Indian Olympic Association, New Delhi, India.
- 6. The Secretary (Sports), Department of Sports, Ministry of Youth Affairs & Sports, Government of Inda, New Delhi.
- 7. The Secretary, Ministry of External Affairs, Government of India, New Delhi.
- 8. The Director General, Sports Authority of India, New Delhi.

Encl.

- 1. Previous circular of Championship dated 18th February 2025
- 2. Junior- Athletes Entry Proforma
- 3. Senior Athletes Entry Proforma
- 4. Senior A Athletes Entry Proforma
- 5. Senior B Athletes Entry Proforma
- 6. Risk Certificate





President **Dr. Sanjay Malpani**sanjay@malpani.com
+91 98508 11271

Secretary General - **Umang Dawn**Dawn
Umangdawn@gmail.com
99985
20823





Annexure

Recognised by Olympic Council of Asia

Delhi Address: C-245/B, 100 Feet Road, Hardev Puri, Shahdara, Delhi-110093

Email: office@yogasanaasia.com

Website: yogasanaasia.com

Date: 18.02.2025

He No. Asian /2025 26 /02

File No. Asian/2025-26/03

2ND ASIAN YOGASANA SPORTS CHAMPIONSHIP 2025



(MEN & WOMEN) AT NEW DELHI, INDIA FROM 25th TO 27th April 2025



To,

- President/ Secretary, National Yogasana Federations
- 2. Ad-hoc Committee of Concern Asian Counties
- 3. In-charge/ Coordinators of Concern Asian Countries

CIRCULAR

Dear Brothers & Sisters,

We are glad to inform you that, 2nd Asian Yogasana Sports Championship 2025 (Men & Women) will be organized by Asian Yogasana and hosted by Yogasana Bharat under the aegis of World Yogasana from <u>25th TO 27th</u> <u>April 2025</u> at New Delhi, India. The championship will be conducted in association and support from Ministry of Youth Affairs & Sports, Government of India and Sports Authority of India.

You are requested to confirm the participation of Athletes, Team Manager and Coaches at New Delhi, India for the above said championship. The guidelines/instructions for the above said championship is as under:

1) **GENERAL INFORMATION:**

- 1. Reporting & Registration of athletes/ teams shall be on 24th April 2025 before 5 PM.
- 2. The venue of the Championship is Indira Gandhi Stadium, New Delhi.
- 3. Departure of athletes/teams shall be on 28th April 2025.
- 4. All the participating athletes will be awarded with Participation Certificate.
- 5. Winners will be awarded with Gold, Silver & Bronze Medal along with Merit Certificate. Best Athlete of each country will be awarded with special certificate.
- 6. Overall Champion Trophy, 1st Runner-Up Champion Trophy & 2nd Runner-Up Champion Trophy shall be awarded to highest Gold medal winning country.
- 7. Overall Individual Champion trophy for Men & Women separately shall be awarded to the athlete winning highest Gold medals.



President **Dr. Sanjay Malpani**sanjay@malpani.com +91 98508 11271

Secretary General - **Umang Dawn**omangdawn@gmail.com/op+919998520823



Registration No. Maharashtra/490/2022 F-24246 Ahmednagar 2022



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Email: office@yogasanaasia.com

Website: yogasanaasia.com

- 8. Best Athlete of each participating country shall be awarded with Special Certificate & Memento.
- 9. The total number of Support staff (Team Manager, Male & Female Coach, Physiotherapist, Masseur) must not exceed 25% of the total athletes contingent size which is going to participate.
- 10. The support staff shall be honored with Certificate & Memento.
- 11. National Yogasana Federation must bring 2 Federation flags along with team (3x2 ft & 6x4 ft size).
- 12. All athletes in a team must be in same tracksuit of your Federation.
- 13. In case of invitation letter for applying for visa can be provided on request.
- 14. No personal insurance cover is arranged for the participants for the championship. It is the responsibility of individual/ team/ National Federation to have your own insurance cover.

2) TECHNICAL INFORMATION:

1. The championship shall be conducted in following age groups:

Sr. No.	Age Group	Age Range
1.	Junior	10+ to 18 years (31st Dec 2014 to 1st Jan 2007)
2.	Senior	18+ to 28 years (31st Dec 2006 to 1st Jan 1997)
3.	Senior A	28+ to 35 years (31st Dec 1996 to 1st Jan 1990)
4.	Senior B	35+ to 45 years (31 st Dec 1989 to 1 st Jan 1980)

- 2. The cutoff date for age calculation will be age of athlete as & on 1st January 2025.
- 3. The events and contingent size of a team shall be as under:

Sr. No.	Event	Event wise a country	thletes particip	oation from each	
		Junior	Senior	Senior A	Senior B
1.	Traditional Yogasana	1 Athlete	1 Athlete	1 Athlete	1 Athlete
2.	Forward Bend Individual	1 Athlete	1 Athlete	1 Athlete	1 Athlete
3.	Backbend Individual	1 Athlete	1 Athlete	1 Athlete	1 Athlete
4.	Twisting Body Individual	1 Athlete	1 Athlete	1 Athlete	1 Athlete
5.	Leg Balance Individual	1 Athlete	1 Athlete	1 Athlete	1 Athlete
6.	Hand Balance Individual	1 Athlete	1 Athlete	1 Athlete	1 Athlete
7.	Supine Individual	1 Athlete	1 Athlete	1 Athlete	1 Athlete
8.	Artistic Yogasana Single	1 Athlete	1 Athlete	1 Athlete	1 Athlete
9.	Artistic Yogasana Pair	1 Pair	1 Pair	1 Pair	1 Pair
		(2 Athletes)	(2 Athletes)	(2 Athletes)	(2 Athletes)
10.	Rhythmic Yogasana	1 Pair	1 Pair	1 Pair	1 Pair
	Pair	(2 Athletes)	(2 Athletes)	(2 Athletes)	(2 Athletes)
11.	Artistic Yogasana	1 Group	1 Group	NA	NA
13	Group	(5 Athletes)	(5 Athletes)		
z 12.	Traditional Yogasana	1 Group	1 Group	NA	NA
) <u>></u>]	Group	(5 Athletes)	(5 Athletes)		
997	TOTAL	22 Athletes	22 Athletes	12 Athletes	12 Athletes
	Men & Women	44 Athletes	44 Athletes	24 Athletes	24 Athletes

4. One athlete can participate in multiple events. However, maximum contingent size of athletes shall not exceed 22 Men & 22 Women for Junior & Senior age group,12 Men & 12 Women for Senior A & Senior B.



President **Dr. Sanjay Malpani**sanjay@malpani.com +91 98508 11271

Secretary General - **Umang Dawn**umangdawn@gmail.com +91 99985 20823



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Email: office@yogasanaasia.com

Website: yogasanaasia.com

॥ योगः कमंसु कीशलम् ॥ Registration No. Maharashtra/490/2022 F-24246 Ahmednagar 2022

- The championship will be conducted as per Code of Points prescribed by World Yogasana. Athletes/Team
 Managers/ Coaches/ others are requested to refer latest rules & regulations (Code of Points) of the
 competition available on the https://worldyogasana.org/code.
- 6. Contact Details for Technical assistance: Mr. Shreyas Markandeya (+91 7972751045).

3) ACCREDITATION:

- 1) Participating national federations must complete the registration procedure to obtain the accreditation card for all their members including athletes, coaches, staff, NF representatives and guests, etc.
- 2) The process of accreditation can also be done online through on the link available here. Accreditation: https://docs.google.com/forms/d/e/1FAIpQLSfNPeMSQFXRX65ziWQxZq1W-drjae9KuUAvBEPq27Ty4XPl6g/viewform?usp=header.
- 3) Following standard procedures, the accreditation card is personal, non-transferable, and must always be displayed in the areas requiring accreditation. The right to hold and/or use may be revoked at any time at full discretion by an official of the Organizing Committee.

4) **REGISTRATION:**

- 1. Last date of submitting the entries is 10th April 2025. The entries of athletes must be sent on prescribed format on letter head of National Yogasana Federation with sign and seal.
- 2. The prescribed format is enclosed as Annexure 1.
- 3. Athletes/team of concern country must be selected on the basis of:
 - i. National Level championship

OR

ii. Selection Trails conducted for above said championship.

OR

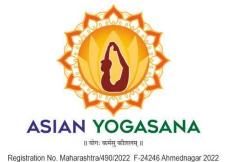
- iii. Minimum Qualifying Marks (In case of non-feasibility of point i. & ii.)
- 4. The Minimum Qualifying Marks (MQM)shall be 50% marks must be obtained to be eligible in particular event for above said championship. The MQM round will ends on 15th April 2025. Athletes must record the video of event and upload on You Tube within the prescribed time frame. The link of same video shall be submitted to the MQM Scrutinizing Committee of Asian Yogasana. The google form for submitting video of MQM is as under:
 - https://docs.google.com/forms/d/e/1FAIpQLSesIDc8yqEHWkCbC8AbZqUowrLQzV9e1amF7It4s4QMXp Yw9g/viewform?usp=header
- 5. Passport Holder/ Citizenship card/ Resident Card of concerned country shall be considered for participation.
- 6. Medical Fitness Certificate and Risk Certificate is mandatory. Athletes must bring their latest passport size photographs. The Team Manager of respective teams should submit the same at registration desk. The Blank Medical Fitness Certificate Form & Risk Certificate Form is enclosed herewith.
- 7. The Competition Director will collect the certificates/documents and then only the athletes will be allowed to participate in the championship.
- 8. The fees for the above said championship (Only for Athletes) is as under:

US Dollar 50/-	For first event
US Dollar 25/- each	For additional events



President **Dr. Sanjay Malpani**sanjay@malpani.com +91 98508 11271

Secretary General - **Umang Dawn**Secretary General - **Umang Dawn**
Secretary General - **Umang Dawn**



OLYMPIC COUNCIL OF ASIA

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Email: office@yogasanaasia.com
@ Website: yogasanaasia.com

9. Note: For 1st event, preference shall be given to Group event followed by Pair event and then Individual event

- 10. There will be no fees for Team Managers, Coaches, Support staff in an allowed permissible limit.
- 11. The fees of athletes should be collectively paid through National Yogasana Federation in a single transaction in Bank Account of the organizer. The bank account details are as under:

Name: Asian Yogasana Address: Sangamner

Account Number: 99971122233344

Bank Name: HDFC Bank Ltd. IFSC Code: HDFC0000463 SWIFT Code: HDFCINBBPNE

5) <u>ACCOMMO</u>DATION:

- 1. Lodging and Boarding will be provided by the host federation without additional cost to athletes, permissible limited Team Managers, Coaches & Support Staff.
- 2. Meal shall be made available from Dinner of 24th March 2025 till Breakfast on 28st April 2025.
- 3. Other than limited, shall be chargeable.
- 4. Accommodation will be double sharing for same gender. Checkout time shall be 10 AM on 28st April 2025.

TRANSPORTATION:

- 1. The International Airport for the venue is Indira Gandhi International Airport, New Delhi, India.
- 2. Local transportation from the New Delhi Airport will be provided by the host federation.
- 3. Travelling and visa expenses from home country to India and return journey shall be managed by Athletes, Team Managers, Coaches, Support staff, etc. themselves.
- 4. Weather condition during the competition days shall be warm weather. The average temperatures are between 20°C and 33°C.
- 5. The contact details of Transportation In-charge: Mr. Parul Sharma (+91 9289429991)
- 6. Participants are requested to kindly contact to transportation in-charge 48 hours prior to the arrival for smooth coordination.
- 7. Participants are requested to fill your arrival departure details on the given link below:
- 8. Arrival Departure: https://docs.google.com/forms/d/e/1FAIpQLSfbfpkHvU5vcvmvSgl-AiAWHCEZdcSUD-wbW9PoM76 VW4HrQ/viewform?usp=header

Dr. M Niranjana MurthyCompetition Director

Umang Dawn
Secretary General
Asian Yogasana

Dr. Sanjay MalpaniPresident
Asian Yogasana

Yash Parashar Director (TEAMS)

Rachit Kaushik
Competition Manager





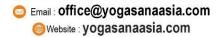
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Umangdawn@gmail.com
9988520823



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Delhi Address: C-245/B, 100 Feet Road, Hardev Puri, Shahdara, Delhi-110093



Encls:

- A. Athletes Entry Proforma.
- B. Format of Risk Certificate.
- C. Format of Medical Fitness Certificate

Copy, for information to:

- 1) The President/ Secretary General, World Yogasana.
- 2) The President/ Secretary General, Yogasana Bharat.
- 3) The Executive Council, Asian Yogasana.
- 4) The President, Olympic Council of Asia.
- 5) The President/ Secretary General, Indian Olympic Association, New Delhi.
- 6) The Secretary, Ministry of Youth Affairs & Sports, Government of India, New Delhi.
- 7) The Secretary, Ministry of External Affairs, Government of India, New Delhi.
- 8) The Director General, Sports Authority of India, New Delhi.













(Men & Women) 25th to 27th April 2025

		Athle [•]	tes Er	ntry P	rofo	rm	a
Name of	Country						
Name of	National	Federation					
etails of	Support S	taff:					
	Catego	ry	Name		Details with		Email Address
Name of	Team Ma	nager					
Name of	Coach (M	ale)					
Name of	Coach (Fe	emale)					
Name of	Support S	Staff					
Name of	Support S	Staff					
			oup Juni	or (10+ t		ears	•
Event	Traditio	nal Yogasana			Gender		Male
Name					Date of (DD/MN		
Passport	No.			Contact No. (With Country Co	ode)		
Email							
Event	Traditio	nal Yogasana			Gender		Female
Name					Date of (DD/MN		
Passport No.				Contact No	, ,	. ,	I .
				Contact No. (With Country Co	ode)		











Event	Forwa	rd Bend Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport	No.		Contact No.		
			(With Country Code)		
Email			•		
Event	Forwa	rd Bend Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport	No.		Contact No.		
			(With Country Code)		
Email					

Event	Back Bo	end Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					
Event	Back Bo	end Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					

Event	Leg Bal	ance Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email			•		
Event	Leg Bal	ance Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					

Event	Hand B	alance Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					











Event	Hand Balance Individual		Gender	Female
Name			Date of Birth	
			(DD/MM/YYYY)	
Passport I	No.	Contact No. (With Country Code)		
Email				

Event	Twistin	g Body Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					
Event	Twistin	g Body Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No. (With Country Code)		
Email					

Event	Supine	Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					
Event	Supine	Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					

Event	Artistic	Yogasana Single		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		_
			(With Country Code)		
Email					
Event	Artistic	Yogasana Single		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					











Event	Artistic Yogasana Pair		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Artistic Yogasana Pair		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				_

Event	Rhythmic Yogasana Pair		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No	o.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No	o.	Contact No.		
		(With Country Code)		
Email				

Event	Rhythmic Yogasana Pair		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No	D.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				











Event	Artistic Yogasana Group		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name	·		Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player3)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 4)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player5)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				

Event	Artistic Yogasana Group		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player3)			(DD/MM/YYYY)	
Passport No	D.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 4)			(DD/MM/YYYY)	
Passport No	D	Contact No.		
		(With Country Code)		
Email				·











Name		Date of Birth	
(Player5)		(DD/MM/YYYY)	
Passport No.	Contact No.		
	(With Country Code)		
Email			

Event	Traditional Yogasana Group		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player3)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 4)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player5)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Traditional Yogasana Group		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No	0.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No	D	Contact No.		
		(With Country Code)		
Email		_		_











Date of Birth
(DD/MM/YYYY)
Contact No.
(With Country Code)
Date of Birth
(DD/MM/YYYY)
Contact No.
(With Country Code)
Date of Birth
(DD/MM/YYYY)
Contact No.
(With Country Code)











(Men & Women) 25th to 27th April 2025

		Athle	tes Er	itry Pro	oform	a
Name of	Country					
Name of	National	Federation				
Details of S	Support S	taff:				
	Catego	ry	Name	Contact Deta		Email Address
Name of	Team Ma	nager		Country	Jue	
Name of	Coach (N	lale)				
Name of	Coach (Fe	emale)				
Name of	Support S	Staff				
Name of	Support S	Staff				
Event	Traditio	Age Gro	oup Senic	or (18+ to 2	28 years) Male
Name	Haultic	niai iogasalia			Date of Birth	iviale
					(DD/MM/YYYY)	
Passport	No.			Contact No. (With Country Code)		
Email						
Event Name	Traditio	onal Yogasana			Gender Date of Birth	Female
Passport	No.			Contact No. (With Country Code)	(DD/MM/YYYY)	
Email					I	











Event	Forwa	rd Bend Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport	No.		Contact No.		
			(With Country Code)		
Email			•		
Event	Forwa	rd Bend Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport	No.		Contact No.		
			(With Country Code)		
Email					

Event	Back Bo	end Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport No. Contact No.		Contact No.			
			(With Country Code)		
Email					
Event	Back Bo	end Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					

Event	Leg Bal	ance Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email			•		
Event	Leg Bal	ance Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport No.			Contact No.		
			(With Country Code)		
Email					

Event	Hand B	alance Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					











Event	Hand Balance Individual		Gender	Female
Name			Date of Birth	
			(DD/MM/YYYY)	
Passport I	No.	Contact No.		
		(With Country Code)		
Email				

Event	Twistin	g Body Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					
Event	Twistin	g Body Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No. (With Country Code)		
Email					

Event	Supine	Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No. (With Country Code)	(55),,	
Email					
Event	Supine	Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No. (With Country Code)		
Email					

Event	Artistic	Yogasana Single		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		_
			(With Country Code)		
Email					
Event	Artistic	Yogasana Single		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					











Event	Artistic Yogasana Pair		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Artistic Yogasana Pair		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Rhythmic Yogasana Pair		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No	o.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No	o.	Contact No.		
		(With Country Code)		
Email				

Event	Rhythmic Yogasana Pair		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				











Event	Artistic Yogasana Group		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name	·		Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player3)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 4)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player5)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				

Event	Artistic Yogasana Group		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player3)			(DD/MM/YYYY)	
Passport No	D.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 4)			(DD/MM/YYYY)	
Passport No	D	Contact No.		
		(With Country Code)		
Email				·











Name		Date of Birth	
(Player5)		(DD/MM/YYYY)	
Passport No.	Contact No.		
	(With Country Code)		
Email			

Event	Traditional Yogasana Group		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player3)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 4)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player5)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Traditional Yogasana Group		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No	0.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No	D	Contact No.		
		(With Country Code)		
Email				_











Date of Birth
(DD/MM/YYYY)
Contact No.
(With Country Code)
Date of Birth
(DD/MM/YYYY)
Contact No.
(With Country Code)
Date of Birth
(DD/MM/YYYY)
Contact No.
(With Country Code)











(Men & Women) 25th to 27th April 2025

Athlatac Entry Drafanma

ivalile UI	Country				
Name of	National Federation				
Details of S	Support Staff:	1			
	Category	Name	Contact Detai		Email Address
Name of	Team Manager				
Name of	Coach (Male)				
Name of	Coach (Female)				
Name of	Support Staff				
Name of	Support Staff				
		oun Senior	Δ (28+ to	35 vear	·cl
	Age Gr	oup Senior	A (28+ to		
		<u> </u>	A (28+ to	Gender	S)
	Age Gr	<u> </u>	A (28+ to	Gender Date of Birth	
Name	Age Gr	· · · · · · · · · · · · · · · · · · ·	Contact No.	Gender	
Name Passport	Age Gr	· · · · · · · · · · · · · · · · · · ·	•	Gender Date of Birth	
Name Passport Email	Age Gr		Contact No.	Gender Date of Birth	
Name Passport Email Event	Age Gr Traditional Yogasana		Contact No.	Gender Date of Birth (DD/MM/YYYY)	Male
Event Name Passport Email Event Name Passport	Age Gr Traditional Yogasana No. Traditional Yogasana		Contact No.	Gender Date of Birth (DD/MM/YYYY) Gender Date of Birth	Male











Event	Forwa	rd Bend Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport	No.		Contact No.		
			(With Country Code)		
Email					
Event	Forwa	rd Bend Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport	No.		Contact No.		
			(With Country Code)		
Email			•	•	

Event	Back Bo	end Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport	No.		Contact No. (With Country Code)		
Email					
Event	Back Bo	end Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No. (With Country Code)		

Event	Leg Bal	ance Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport	No.		Contact No. (With Country Code)		
Email			·		
Event	Leg Bal	ance Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport	No.		Contact No. (With Country Code)		

Event	Hand B	alance Individual	Gender	Male
Name			Date of Birth	
			(DD/MM/YYYY)	
Passport I	No.	Contact No.		
		(With Country Code)	
Email				











Event	Hand Balance Individual		Gender	Female
Name			Date of Birth	
			(DD/MM/YYYY)	
Passport I	No.	Contact No.		
		(With Country Code)		
Email				

Event	Twistin	g Body Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					
Event	Twistin	g Body Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email	·		_	_	

Event	Supine	Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					
Event	Supine	Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No. (With Country Code)		
Email					

Event	Artistic	Yogasana Single		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport N	No.		Contact No.		
			(With Country Code)		
Email					
Event	Artistic	Yogasana Single		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport N	No.		Contact No.		
			(With Country Code)		
Email					











Event	Artistic Yogasana Pair		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Artistic Yogasana Pair		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Rhythmic Yogasana Pair		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport N	0.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport N	0.	Contact No.		
		(With Country Code)		
Email				

Event	Rhythmic Yogasana Pair		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
ı		(With Country Code)		
Email				











Event	Artistic Yogasana Group		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player3)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 4)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player5)			(DD/MM/YYYY)	
Passport No		Contact No.		
		(With Country Code)		
Email				

Event	Artistic Yogasana Group		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player3)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 4)			(DD/MM/YYYY)	
Passport No	0.	Contact No.		
		(With Country Code)		
Email				











Name (Player5)		Date of Birth (DD/MM/YYYY)
Passport No.	Contact No. (With Country Code)	
Email		

Event	Tradit	ional Yogasana Group		Gender	Male
Name				Date of Birth	
(Player1)				(DD/MM/YYYY)	
Passport No).		Contact No.		
			(With Country Code)		
Email					
Name				Date of Birth	
(Player 2)				(DD/MM/YYYY)	
Passport No).		Contact No.		
			(With Country Code)		
Email					
Name				Date of Birth	
(Player3)				(DD/MM/YYYY)	
Passport No).		Contact No.		
			(With Country Code)		
Email					
Name				Date of Birth	
(Player 4)				(DD/MM/YYYY)	
Passport No).		Contact No.		
			(With Country Code)		
Email					
Name				Date of Birth	
(Player5)				(DD/MM/YYYY)	
Passport No).		Contact No.		_
			(With Country Code)		
Email					

Event	Traditional Yogasana Group		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No	0.	Contact No.		
		(With Country Code)		
Email				











Name		Date of Birth
(Player3)		(DD/MM/YYYY)
Passport No.	Contact No.	
	(With Country Code)	
Email		
Name		Date of Birth
(Player 4)		(DD/MM/YYYY)
Passport No.	Contact No.	
	(With Country Code)	
Email		
Name		Date of Birth
(Player5)		(DD/MM/YYYY)
Passport No.	Contact No.	
	(With Country Code)	
Email	·	











(Men & Women) 25th to 27th April 2025

	Athle'		•		
Name of	Country				
Name of	National Federation				
Details of S	Support Staff:				
	Category	Name	Contact Detai		Email Address
Name of	Team Manager				
Name of	Coach (Male)				
Name of	Coach (Female)				
Name of	Support Staff				
Name of	Support Staff				
	Ago Cro				
Event		up Senior	B (35+ to		
LVEIIL	Traditional Yogasana	up Senior	B (35+ to	Gender	Male
Name		up Senior	B (35+ to		
	Traditional Yogasana	-	B (35+ to	Gender Date of Birth	
Name	Traditional Yogasana	-	Contact No.	Gender Date of Birth	
Name Passport	Traditional Yogasana	-	Contact No.	Gender Date of Birth	
Name Passport Email	Traditional Yogasana No.	-	Contact No.	Gender Date of Birth (DD/MM/YYYY)	Male
Name Passport Email Event	No. Traditional Yogasana Traditional Yogasana		Contact No.	Gender Date of Birth (DD/MM/YYYY) Gender Date of Birth	Male











Event	Forwa	rd Bend Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport No.			Contact No.		
			(With Country Code)		
Email					
Event	Forwa	rd Bend Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport	No.		Contact No.		
			(With Country Code)		
Email			•	•	

Event	Back Bo	end Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport	No.		Contact No. (With Country Code)		
Email					
Event	Back Bo	end Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No. (With Country Code)		

Event	Leg Bal	ance Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport	No.		Contact No. (With Country Code)		
Email			·		
Event	Leg Bal	ance Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport	No.		Contact No. (With Country Code)		

Event	Hand B	alance Individual	Gender	Male
Name			Date of Birth	
			(DD/MM/YYYY)	
Passport I	No.	Contact No.		
		(With Country Code)	
Email				











Event	Hand Balance Individual		Gender	Female
Name			Date of Birth	
			(DD/MM/YYYY)	
Passport I	No.	Contact No.		
		(With Country Code)		
Email				

Event	Twistin	g Body Individual		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					
Event	Twistin	g Body Individual		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email			_	_	

Event	Supine	Individual		Gender	Male
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No.		
			(With Country Code)		
Email					
Event	Supine	Individual		Gender	Female
Name				Date of Birth (DD/MM/YYYY)	
Passport I	No.		Contact No. (With Country Code)		
Email					

Event	Artistic	Yogasana Single		Gender	Male
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport N	No.		Contact No.		
			(With Country Code)		
Email					
Event	Artistic	Yogasana Single		Gender	Female
Name				Date of Birth	
				(DD/MM/YYYY)	
Passport N	No.		Contact No.		
			(With Country Code)		
Email					











Event	Artistic Yogasana Pair		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Artistic Yogasana Pair		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				

Event	Rhythmic Yogasana Pair		Gender	Male
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No	o.	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No	o.	Contact No.		
		(With Country Code)		
Email				

Event	Rhythmic Yogasana Pair		Gender	Female
Name			Date of Birth	
(Player1)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				
Name			Date of Birth	
(Player 2)			(DD/MM/YYYY)	
Passport No).	Contact No.		
		(With Country Code)		
Email				











(Men & Women) 25th to 27th April 2025

DISCLOSURE FORM/ REGISTRATION FORM

Risk Certificate/ Declaration/ Undertaking

1.	Name of Country			
2.	Name of Federation			Photo
3.	Name of the Athlete (In Capital letters)			
4.	Date of Birth (DD.MM.YYYY)		Gender	Male/Female
5.	Father's Name	N	Mother's Name	
6.	Address			
7.	Mobile Number (With country code)		Age Group	
8.	Email			
9.	Events	Traditional Yogasana	Forward B	end Individual
		Artistic Yogasana Single	Back Bend	Individual
		Artistic Yogasana Pair	Twisting B	ody Individual
		Rhythmic Yogasana Pair	Leg Baland	ce Individual
		Artistic Yogasana Group	Hand Bala	nce Individual
		Traditional Yogasana Group	Supine Inc	dividual
10.	Passport No.			
11.	Name of Competition			

Signature of Athlete

Signature of Parent/ Guardian











Acknowledgment of Risk

I, the undersigned, acknowledge and understand that participating in Asian Yogasana training programs involves inherent risks, including but not limited to physical injury, illness, or other unforeseen incidents. I voluntarily assume all risks associated with participation.

Medical Clearance

I certify that I have obtained medical clearance to participate in physical activities related to Yogasana and that I am in good health. I will immediately inform the appropriate personnel of any medical conditions that may affect my participation.

Liability Waiver

I hereby release and discharge Asian Yogasana, its officers, directors, employees, agents, and affiliated entities from any and all liability, claims, demands, or causes of action that may arise from my participation in training programs, including but not limited to claims for personal injury or property damage.

Code of Conduct

I agree to adhere to the World Yogasana Code of Conduct, demonstrating respect, integrity, and sportsmanship at all times. I understand that any violation may result in disciplinary action, including removal from the training program.

Confidentiality Agreement

I agree to maintain the confidentiality of any proprietary information or materials provided during the training programs. I will not disclose any confidential information to third parties without the express written consent of World Yogasana.

Media Release

I grant World Yogasana the right to use my name, likeness, and performance in any media format for promotional and educational purposes without compensation. I waive any rights to review or approve the final use of such media.

Consent and Agreement

I have read and understood the terms and conditions outlined in this disclosure form. By signing below, I agree to comply with all the requirements and acknowledge that I am participating at my own risk.

Signature of Athlete	Signature of Parent/ Guardian
Date:	
	Sign & Seal of Competent Authority

MEDICAL FITNESS CERTIFICATE

This is to certify that, I have examined

Name of the athlete:
Age:Male/Female, Resident of
And I am satisfied beyond doubt that he/she is fully fit/not fit for participating in
2 nd Asian Yogasana Sports Championship 2025.
Signature and seal of registered Medical Practitioner
Regd. No
Name
Date