

GOVT. MEDICAL COLLEGE JAMMU

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CIRCULAR

Sub:- Yoga Classes for the Health benefit of Staff Members of GMC & its Associated Hospitals.

In continuation to this office circular No: GMC/Yoga/2137 dated 29-08-2016, it is circulated for the information of all the aspirants that Registration forms are also available online on website of Medical College www.gmcjammu.nic.in. Downloaded forms duly filled in, forwarded by the respective Medical Superintendent/concerned Head of the Department and countersigned by the Principal, GMC Jammu alongwith three pass port size photographs, copy of ID Card, should reach to Mr. Angraz Singh, Head Assistant, working in personal section of the Principal, GMC Jammu latest by 4th of September 2016 alongwith Registration fee of Rs.1000.00 and an amount of Rs. 200.00 shall be charged on monthly basis which will be utilized for the maintenance and over head expenses of the centre.

The Yoga Classes shall be starting on 05-09-2016 from 5:30 a.m. to 6:30 a.m.

Contact No of Mr. Angraz Singh : 9469487755



(Dr. Zahid H. Gillani)

Principal & Dean

Govt. Medical College
Jammu.

Dated: 31-08-2016

No. GMC/ yoga/215.6
Copy to the:-

1. **The Director** Collaborative Research Centre for Yoga and Naturopathy 61-65, Institutional Area, Janakpuri, New Delhi - 110058 (India)
2. Dr. Manoj Chalotra, Medical Supdtt. CD Hosp. Jammu (Programme Director CCRYN, GMC Jammu)
3. **Prof. & Head, Department of _____ (All) for information and necessary action.**
4. Medical Superintendent _____ (all) for information and necessary action.
5. Mr. S.K. Jain, Vol. Yoga Teacher, for information and necessary action.
6. Mr. Angraz Singh, Head Assistant, GMC Jammu for information and compliance.
7. Notice Board.



Yoga Centre
Government Medical College, Jammu
Yoga Class Registration Form



Your information is kept confidential and used only for the purposes of understanding your needs as an individual and to reach you in the event of class changes or cancellations.

Name _____

Parentage _____

Age _____ Gender _____

Designation _____

Qualification _____

Department _____

Mobile Phone _____

E-mail Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

Paste your recent passport size picture in the box.

Yoga, Fitness and creativity in one spot.

Medical Background

Please check the word that best describes your current state of health:

Great / Good / Fair / Poor

Are you currently on medication? Yes / No

If YES, please describe in detail _____

Are you affected by any of the following? PI tick..

Heart problems of any type High blood pressure

Asthma Low blood pressure

Glaucoma Detached retina

Diabetes Headache

Arthritis, bone or joint problem Chronic pain

Carpal Tunnel Syndrome Back injury

Neck injury Knee injury

If YES, please describe _____

Please describe in detail any other health or medical condition that you believe may be helpful for your yoga teacher to know:

I agree to the following:

1. The information I have provided on this form is complete and accurate.
2. I understand that participating in an exercise class involves risk of injury; I agree to be solely responsible for any injuries sustained by me as a result of my participation in this class or any future classes I take with Yoga centre. I am fully aware of the risks involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Yoga class. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in Yoga classes. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga classes. I knowingly, voluntarily, and expressly, waive any claim I may have against Yoga centre for injuries or damages that I may sustain as a result of participating in yoga classes.

Signature _____ Date: _____

Participants are requested to consider;

For their own comfort, wear clothing that somewhat forms to the body and moves with you. May wear layers as your body temperature will likely change during practice, warming during the more active phases and cooling during the restful phases. May also bring a blanket for extra comfort during the meditation portion of the class.

Contribute to the experience. Please refrain from wearing perfume or other strong scents to class. Turn off cell phones or make them completely silent, in other words no vibration. Remove shoes in the vestibule before entering the practice area. Blankets should be folded neatly when returned to the rack. Be on time to class. If you intend to miss a class please email...

Policies. Due to the limited space we may not be able to offer make-ups for classes you choose to miss. Registration fee is Rs 1000. Monthly fee is Rs 200. Refunds will not be offered. Three Pass Port size photographs and a copy of ID Card to prove the Identity of the applicant are required during the submission of the application form.

Your well-being is important to us.

You are responsible to make us aware of any medical conditions or physical concerns you may have in general and on the day of your class. We will offer guidance and accommodations based on this knowledge. It is your responsibility to keep yourself safe and injury free. Use your own wisdom and knowledge of your body to make adjustments during your practice. This is YOUR practice and is intended to benefit you and address your particular needs. You always have a choice. You decide what's right for you. The form should be duly forwarded by the respective Medical Superintendent/ Head of the Department concerned, where the applicant is working and finally countersigned by the Principal, GMC Jammu.

Signature of the applicant _____

Signature of the Medical Superintendent/HoD _____
(After verifying their Identity Cards)

Countersign by Principal, GMC Jammu _____