APPLICATION

From

R.SRIKANTH

Yoga Therapist,

E-mail: yogasrikanth.rk@gmail.com

Cell: 98947 93419.

Respected Sir,

[Subject: Conduct **Yoga classes** regarding....]

I came to know that you are giving more preference for Institution welfare activities in your renowned institution. So, I would like to conduct the Yoga classes for your Institution. Here I enclose my further details for your kind perusal, so kindly give me a hap to hilt my Performance.

Thanking You.

Yours Faithfully,

R.SRIKANTH (Yoga Therapist)

CURRICULUM VITAE

Name : **R.SRIKANTH**



Qualification : B.C.A

(Bachelor of Computer Applications)

P.G.D.Y.E

(Post Graduate Diploma in Yoga Education)

Award Received : "YOGA BHARATHY"

By Tamilnadu State Yoga Sports

Development Association.

Achievements : Secured **First Prize** in Tamilnadu State

Yoga Championship.

Secured First Prize in Southern Regional

Yoga Championship.

Teaching Experience : 6 Years.

Enlighten Methods : Basic & Advanced asanas from Ashtanga

Yoga, Demonstration asanas, combined Asanas, Artistic yoga, Pranayama and

Meditation

Specialized in Balancing asanas, Stress

Management, Improvising Concentration for students & in Physical ailments.

PERSONAL DETAILS

Father's Name P.RAMESH KUMAR.

Address E-71/28,

Duraisamy Road, T.V.S Nagar, Madurai.

E-mail: yogasrikanth.rk@gmail.com

Cell: 98947 93419

Date of Birth 04/03/1988.

Age 26 yrs.
Sex Male.
Marital Status Single.
Nationality Indian.
Religion Hindu.

Languages known Tamil, English, Malayalam and Hindi.

Height 172cms Weight 63 kg.

DECLARATION

I hereby declare that the above-mentioned information is correct up to my Knowledge and I bear the responsibility for the correctness of the above Mentioned particulars.

Station: Madurai R.SRIKANTH.

YOGA PERFORMANCE





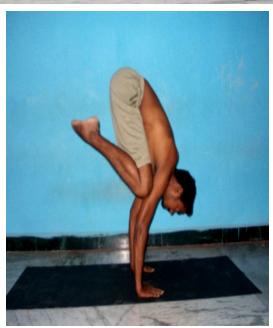
ASANAS PERFORMANCE



Bakasana

Eka Pada Sirsasana





Mayurasana