



**Bharatiya Vidya**  
**Bhavan**  
Promoting  
**SANSKRIT & SANSKRITI**  
Since 1938

**Kalari Vidya (Kalarippayattu Martial Arts) Beginner's Course**  
**Bharatiya Vidya Bhavan, Kasturba Gandhi Marg, New Delhi-110001**

**Student Registration Form: BVB Kalarippayattu Course**

<b>(For office use)</b>	<b>Recent Photograph (please paste/attach here)</b>
<b>Regn. No.</b>	
<b>Sl. No.</b>	

<b>Name (Mr/Ms/Dr)</b>	
<b>Permanent Address ( Please fill below):</b>	
Address (Home/Ward No)	
Address (line2)	
Country of Residence	Nationality
City	PIN
State	Phone No
Date of Birth (mm\dd\yyyy):	E-mail
Highest Education Qualification:	
Profession	Designation
<b>Organisation where Employed:</b>	
<b>Enclosures:</b>	

<b>(I) Aadhar/UID number/Passport number (please attach photocopy)</b>	<b>(II) Please attach photocopy of Address Proof</b>
<b>Emergency/ Guardian/ Next of Kin Contact Details:</b>	
Name	Phone number
Address	
<b>Reason for your interest in learning Kalarippayattu (Kalari Vidya):</b>	
<b>Background of Health &amp; Fitness routine/other martial arts practice experience:</b>	
<b>Gender (M/F)</b>	<b>Blood Group</b>
Any medical conditions (*Please see course brochure for medical conditions that will cause rejection of your application)	Have you received medical clearances from Registered Medical Practitioner for taking up martial arts training? (*Please attach RMP medical certificate)
<b>Enrollment Centre</b>	<b>BVB, Kasturba Gandhi Marg, New Delhi-110001</b>
<b>Declaration:</b>	
I declare the above information stated by me to be true to the best of my knowledge. I understand that in case of submitting any untrue information, my registration shall be canceled. I will uphold the dignity and tradition of martial arts and I will only use the art for self defense, as sports, for social cause, and in a fair manner. I agree to abide by the rules mentioned in the course brochure.	
<b>Signature</b>	
<b>Place</b>	<b>Date</b>