

The Inner Sciences India Trust

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TISIT INSTRUCTOR APPLICATION

Photo

	(Please 1	Print Clearly)	
First Name	Last Na	me	
Father's/Husban	d's Name		
Street Address & (Address as per your	NoAadhar Card/Voter ID, please enclo	osed copy)	
City, Pin Code			
State / Province	/ Country		
Home Phone		Mobile Phone	
Email ID	Aadhar No	PAN No	
Have you previously been involved in Energy Treatment?			
Are you currently	an Instructor?		
To what Organiz	ation were you previously Auth	norized?	
When did your A	uthorization expire?		
Did your previou	s Authorization have a specifie	ed Non-Compete Clause or Period of	Duration?
Name the Works	hop you previously taught?		
How many Stude	ents did you teach in the past? _		
In which Countri	es do you wish to Teach?		
Date	Signature		
Do not write below this line - For Internal Use Only			
Approved	DateSigna	iture	
Global Region			