IYENGAR YOGAFÖRENINGEN I SVERIGE

Date: ……

Name:……
Adress……
Postalcode……
City:……
Country……

City of Assessment……

Date of assessment……

The above student, ……..has today the…… been

assessed and passed ……

…… ……
Moderator sign Name of Assessor

…… ……
Print name Name of Assessor

……
Name of trainee