



Surya Namaskar Yagna



From Date:

To Date:

Locality:

Venue:

Timings:

Name:

Profession:

Company:

Flat No:

Apartment Name:

Cell:

E-mail:

Day	1	2	3	4	5	6	7	8	9	10	11
No.of Sets											
Day	12	13	14	15	16	17	18	19	20	21	Total
No.of Sets											

Name:

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Company:

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