Sannyasa Peeth Pauka Darshan PO Ganga Darshan Munger Bihar 811201, India

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Please fill in this application form in **CAPITAL LETTERS using black ink**. All personal information disclosed here will be treated confidentially. The date for receiving applications with all annexure closes **1 month prior to commencement of the training**. Late and incomplete applications will not be accepted. All participants are expected to abide by the rules of the ashram, maintain the discipline and also participate in the daily activities and seva. Sannyasa Peeth reserves the right of admission to any training, program or event.

The training being applied for is:

Tick	TRAINING	DATE
	6-month Sannyasa Lifestyle	11 th February to 11 th July 2024
	6-month Sannyasa Lifestyle	18 th July to 18 th January 2025
e you pro	eviously applied for this type of training? Ye	es / No If yes, give details:

Have you participated in any training conducted by Sannyasa Peeth, Bihar School of Yoga or Bihar Yoga Bharati before? Yes / No. If yes, please give details (training name and year).			
I enclose herewith the advance remittance of Rs. 5,000/- in favour of Sannyasa Peeth, Munger, payable at Munger as application fee for processing the application, which I understand is non-refundable and non-transferable.			
Demand draft No	Dated:	Bank:	
FOR OFFICE USE ONLY			
Application form received on:	By: post	/ hand / other along with:	
2 Photos (affixed to form) Aadhaar card		Curriculum Vitae (CV)	
List of current medications Medical report			
Declaration by applicant Other:			
Admission letter sent on:	Ву: р	ost / hand / other	
Application fee Rs. 5.000/- received: Yes	Receipt no	Date:	

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PERSONAL INFORMATION 1. Full name: 2. Spiritual name (if any): Have you received diksha / initiation(s)? Y / N If yes, give details: 3. Year / Month Place From Who Mantra Jignasu Karma Poorna 4. Sex: Male Female 5. Date of birth: Day Month Age in years: Year Married Unmarried Marital status: 6. 7. Name and age of husband/wife; name/s and age/s of children, if any: 8. Permanent address: Pin/Zip Full Postal address (if different from permanent address):Pin/Zip 11. Phone number: Home: Work: Work: 12. Family contacts: Father: Other: Other: 13. How are you connected to Sannyasa Peeth, or were you referred by someone? Give details:

14. In case of emergency, please contact: Name:

Relation:Phone:

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PERSONAL IDENTIFICATION				
15. Present nationality:				
	-		•	
		valid until:		
		Aadhaar Card:		
20.	Native language:			
21.	English proficiency:	Fluent	Average	Poor
22.	Spoken languages and lev	el of proficiency:		
		EDUCATIO	NAL DETAILS	
23.	Level of Education / Examination Passed	Name of Institution		Major Subjects
	a. High School			
	b. University / Tertiary			
	c. Postgraduate			
	d. Other specializations			
		EMPLOYMEN [*]	T & PROFESSION	
24.	Professional qualifications	:		
25.	25. Present occupation/profession:			
	Company name and addre	2SS:		
	Name of reference:		Position:	
	Contact number:		Email:	
ASHRAM EXPERIENCE				
26.	Have you stayed at Mung	er ashram before? Y / N	If yes, list periods of	f ashram experience:
•	Year Duratio			
	rear Duratio	л	1 u1pose	
	Year Duration	on	Purpose	
	Year Duration	on	Purpose	

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27.	Have you	visited any other ashram? Y/N	If yes, give details:	
	Year	Ashram name, location	Duration of stay	Activity/involvement
		YC	GA EXPERIENCE	
28.	Do you ha	ve experience in yoga teaching?	Yes / No If yes, as:	
	Yoga Teac	her Yoga C	onsultant Yo	oga Therapist
	a) Give details:			
	b) Place of	f teaching (home, ashram, hospita	al, school, etc.):	
	•			
	d) Location (city, town, village):			
	e) Country:			
	f) Name a	nd contact details of a person as i	eference:	
29.	List the ma	ajor books on yoga, sannyasa and	spiritual life you have read	l:
30.	Have you	written any papers, articles and/o		topics? Yes / No
	If yes, pro	vide details:		
31.				etails on a separate sheet if required):
	a) Yoga camps:			
	b) Lectur	es/seminars on yoga:		
	c) Sadha	na programs:		
32.				ellbeing / concentration / emotional

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	SAINITASA LIFE EXPENIENCE
32.	Do you have any experience of sannyasa life? Y / N If yes, please give details below: Name of institution / ashram:
	Duration of stay:
	SOCIAL ACTIVITIES
33.	List your main hobbies and skills:
34.	Do you prefer solitude or the company of others?
35.	Are you active in public life in any capacity? Y / N If yes, give details:
36.	Are you or any member of your family related to any political or religious organizations? Y/N If yes, give details:
37.	Have you ever been prosecuted for any criminal offence? Y / N If yes, give full details of offence committed and sentence undergone:
38.	Are you willing to participate in the ashram activities wholeheartedly? Y / N
39.	List the skills you have to assist with ashram activities (driving / gardening / electrical / musical / IT / computer, etc.):
40.	My reason and intention for participating in the training is:
	LIFESTYLE
41.	List any form of exercise that you do during the week:
42.	How many days of the week do you exercise?
43.	Frequency of yoga asana, pranayama practice:days per week.
44.	Frequency of yoga nidra practice: days per week.

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45.	Frequency of mantra practice:days per week.
46.	How many hours per day do you work professionally?hours.
47.	How many hours per night do you sleep? hours.
48.	How many days of the week do you eat non-vegetarian food?
49.	List any habits, such as alcohol, drugs, smoking, tea, coffee, etc
50.	Do you have any dietary restrictions? Y/N If yes, give details:
	MEDICAL DETAILS
51.	Are you taking any medication/s at present? Y / N If yes, give name and for what condition:
	a)
	b)
	c)
52.	If you have any current physical health problems, allergies, illnesses or diseases, give full details on a SEPARATI SHEET; including medication being taken, restrictions in and management of the condition, and provide below the contact details and phone number of your doctor in the case of an emergency:
53.	Have you suffered from any major illness in the past? Y/N If yes, give details: a)
	b)
	c)
54.	Do you have a history of any mental health issues, i.e. anxiety, panic attacks, depression, etc.? Y/N If yes, give details of symptoms, duration, treatment and present condition:
55.	If you have any current mental or emotional health issues please give full details on a SEPARATE SHEET including medication being taken, restrictions in management of the issue, and provide below the contact details and phone number of your doctor in the case of an emergency.
56.	Have you ever been tested positive for Covid-19? Yes / No.
	If Yes, please specify date (month / year):

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DECLARATION BY THE APPLICANT

- 1. I, the undersigned, declare that the information given in this application is true, complete and accurate to the best of my knowledge.
- 2. I understand that if during the interview and admission procedure it is found that the information given in this form is incorrect, I will not be eligible.
- 3. I understand that proficiency in Hindi / English language is required. If during the interview and admission procedure my Hindi / English is found to be insufficient I will not be eligible.
- 4. I further declare that there are no criminal or civil litigation or charges against me.
- 5. I am solely responsible for my health, welfare and medication while I undergo the training in the campus.
- 6. I am of sound physical, mental and emotional health. If found to be not in good health, I will leave the training and campus for proper medical care.
- 7. In case of any emergency or unforeseen medical situation or treatment, all expenses will be borne by me and I will not hold Sannyasa Peeth liable in any regard in relation to the same.
- 8. I will contribute to and participate in all the activities of the ashram wholeheartedly in the spirit of nishkama seva (service without personal motive).
- 9. During my stay I will lead a life of sanyam (restraint in thought, word and deed), sahayoga (willing cooperation) and shanti (harmony & peace) and follow all the rules of Sannyasa Peeth Campus.
- 10. If I am not able to follow the above, and/or the Administration asks me to leave, I agree to do so at the earliest.

Signed		Date
Checklis	t of documents to enclose with this application:	
	2 current passport-size photos (affixed to form)	
	Photocopy of Aadhaar card	
	Medical details (including Medical Report / Medical Fitness Certific	cate and list of medications) if applicable
	Copy of CV	
	Application fee for processing the application by demand draft no	for Rs.5,000/-
	Self-addressed, stamped envelope for Registered Post	