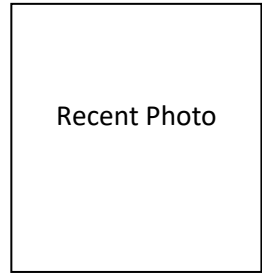


**APPLICATION FORM**  
**VANAPRASTHA SADHANA SATRA**  
**2024**

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



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
	Vanaprastha Sadhana Satra 1	From 18 <sup>th</sup> July to 10 <sup>th</sup> August 2024
	Vanaprastha Sadhana Satra 2	From 15 <sup>th</sup> August to 18 <sup>th</sup> September 2024

Have you previously applied for this type of training? Yes / 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).

.....  
.....

Please note that **all Vanaprastha Sadhana Satra participant MUST be accompanied by a family member for the whole duration of Satra**. The family member needs to send a complete application form for Vanaprastha Sadhana Satra or Ashram Life Experience (if under 50 years of age). Details of the person coming with you:

Name: ..... Age: ..... M/F, relations: .....

I enclose herewith the advance remittance of Rs. 2,000/- 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

List of current medications  Medical report or Medical Fitness Certificate

Declaration by applicant  Other: .....

Admission letter sent on: ..... By: post / hand / other .....

Application fee Rs. 2,000/- received: Yes  Receipt no. .... Date: .....

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*Munger*  
*Bihar 811201, India*

**PERSONAL INFORMATION**

1. Full name: .....
2. Spiritual name (if any): .....
3. Have you received diksha / initiation(s)? Y / N If yes, give details:

	Year / Month	Place	From Who
Mantra	.....	.....	.....
Jignasu	.....	.....	.....
Karma	.....	.....	.....
Poorna	.....	.....	.....
4. Sex:                      Male       Female
5. Age in years:       Date of birth: Day       Month       Year
6. Marital status:      Married       Unmarried
7. Name and age of husband/wife; name/s and age/s of children, if any: .....  
.....  
.....
8. Permanent address: .....  
.....  
..... Pin/Zip .....
9. Full Postal address (if different from permanent address): .....  
.....  
..... Pin/Zip .....
10. Your email ID: ..... Website: .....
11. Phone number:      Home: ..... Mobile: ..... Work: .....
12. Family contacts:      Name: ..... Mobile: ..... Relationship: .....
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: .....  
Email: .....

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**PERSONAL IDENTIFICATION**

15. Present nationality: ..... Nationality at birth: .....
16. Birthplace: City: ..... State: ..... Country: .....
17. Facebook ID: ..... Twitter ID: .....
18. Drivers license no.: ..... valid until: .....
19. Voter ID: ..... Aadhaar Card: .....
20. Native language: .....
21. English proficiency:           Fluent            Average            Poor
22. Spoken languages and level of proficiency:.....

**EMPLOYMENT & PROFESSION**

23. Professional qualifications:.....
24. Present or previous occupation/profession: .....
- .....

**ASHRAM EXPERIENCE**

25. Have you stayed at Munger ashram before? Y / N    If yes, list periods of ashram experience:
- |            |                |               |
|------------|----------------|---------------|
| Year ..... | Duration ..... | Purpose ..... |
| Year ..... | Duration ..... | Purpose ..... |
| Year ..... | Duration ..... | Purpose ..... |
26. Have you visited any other ashram? Y / N    If yes, give details:
- | Year  | Ashram name, location | Duration of stay | Activity/involvement |
|-------|-----------------------|------------------|----------------------|
| ..... | .....                 | .....            | .....                |
| ..... | .....                 | .....            | .....                |

**SANNYASA LIFE EXPERIENCE**

27. Do you have any experience of sannyasa life? Y / N    If yes, please give details below:
- Name of institution / ashram: .....
- Duration of stay:.....

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**MEDICAL HISTORY & LIFESTYLE**

28. Present/past medical history (tick if applicable):

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Arthritis                 | <input type="checkbox"/> Sciatica                         | <input type="checkbox"/> Lower back problems | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Thyroid problem           | <input type="checkbox"/> Obesity                          | <input type="checkbox"/> Heart problems      | <input type="checkbox"/> Kidney problem     |
| <input type="checkbox"/> Stomach or Duodenal ulcer | <input type="checkbox"/> Asthma or any other lung problem |  |   |
| <input type="checkbox"/> Parkinson's               | <input type="checkbox"/> Dementia                         | <input type="checkbox"/> Alzheimer's         | <input type="checkbox"/> Cancer             |
| <input type="checkbox"/> Covid 19                  |   |  |   |

29. Present height:  Present weight:

30. Do you have High or Low Blood Pressure? Y / N (HBP / LBP) If yes, answer the following:

My blood pressure is: Under control  Not under control

What medical treatment are you using for blood pressure?

.....  
.....

31. Do you have Diabetes? Y / N If yes, answer the following:

My diabetes is: Under control  Not under control

Do you take insulin? Y / N If yes, how: .....

What medical treatment are you using for diabetes?

.....  
.....

32. Have you had any complications like stroke, angina, kidney disorders, eye problems?

If yes, give details: .....

.....

33. Are you taking any medications at present? Y / N If yes, give name and for what condition:

a) .....

b) .....

c) .....

***Attach medical report/s for the above-mentioned or any other CURRENT health problems  
or Medical Fitness Certificate***

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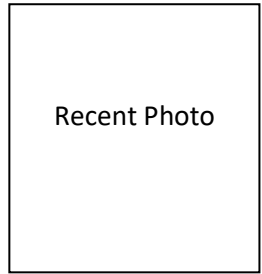
- 
34. Have you had any mental health problems, i.e., anxiety, panic attacks, depression, etc.? Y / N  
If yes, give details of symptoms, duration, treatment and present condition:  
.....  
.....
35. Name and mobile phone number of your current medical practitioner:  
.....
36. List any habits, such as alcohol, drugs, smoking, tea, coffee, etc.: .....
37. Are you a vegetarian? Y / N
38. Do you have any dietary restrictions? Y / N If yes, give details: .....
39. Can you manage with simple, vegetarian food which is prepared in the ashram for everyone?  
(as personal cooking is not permitted, and there is no provision for individual catering) Y / N
40. Have you ever been tested positive for Covid-19? Yes / No.  
If Yes, please specify date (month / year): .....
41. Will you be physically and mentally able to participate fully in the ashram activities and follow the daily routine?  
Y / N

**SOCIAL ACTIVITIES**

42. List your main hobbies and skills: .....
43. Do you prefer solitude or the company of others? .....
44. Are you active in public life in any capacity? Y / N If yes, give details: .....
45. Are you or any member of your family related to any political or religious organizations? Y / N  
If yes, give details: .....
46. Have you ever been prosecuted for any criminal offence? Y / N If yes, give full details of offence committed  
and sentence undergone: .....
47. List the skills you have to assist with ashram activities (driving / gardening / electrical / musical / IT /  
computer, etc.): .....

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48. My reason and intention for participating in the Vanaprastha Sadhana Satra is:

.....  
.....  
.....

**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.....

Checklist 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 Certificate and list of medications) if applicable
- Application fee for processing the application by demand draft no. .... for Rs.2,000/-
- Self-addressed, stamped envelope for *Registered Post*