

APPLICATION FORM

GROUP DETAILS

Bihar School of Yoga

2019

Ganga Darshan

Fort Munger

Bihar 811201, India

DETAILS OF GROUP

Please fill in this application form in CAPITAL LETTERS using black ink.

Group leader's details:

Name: _____

Age: _____ Gender: M / F

Present occupation: _____

Applying for myself + _____ persons

Full postal address: _____

_____ ZIP / PIN: _____

Contact number: _____ (Home) _____ (Mobile)

Email: _____ Other, if any _____

When was your last visit to Ganga Darshan? _____

Diksha: Mantra / Jignasu / Karma / Poorna (circle one) Given by: _____

Spiritual name (if any): _____

How are you connected with Satyananda Yoga in your area? _____

Purpose of coming: (please tick) Event Ashram life Classes First visit

Other: _____

Arrival date: _____ Arrival time: _____

Departure date: _____ Departure time: _____

Details of GROUP Members (Please fill out details for each member):

Group member 1

Name: _____

Age: _____ Gender: M / F

Diksha: Mantra / Jignasu / Karma / Poorna (circle one)

Given by: _____

Spiritual name (if any): _____

Present occupation: _____ Email: _____

Contact number: _____ (Home) _____ (Mobile)

Previous visit/s to Ganga Darshan: _____

Relationship to group leader (or other members in the group): _____

Arrival / departure dates or times (if different from group leader): _____

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Group member 2

Name: _____

Age: _____ Gender: M / F

Diksha: Mantra / Jignasu / Karma / Poorna (circle one)

Given by: _____

Spiritual name (if any): _____

Present occupation: _____ Email: _____

Contact number: _____ (Home) _____ (Mobile)

Previous visit/s to Ganga Darshan: _____

Relationship to group leader (or other members in the group): _____

Arrival / departure dates or times (if different from group leader): _____

Group member 3

Name: _____

Age: _____ Gender: M / F

Diksha: Mantra / Jignasu / Karma / Poorna (circle one)

Given by: _____

Spiritual name (if any): _____

Present occupation: _____ Email: _____

Contact number: _____ (Home) _____ (Mobile)

Previous visit/s to Ganga Darshan: _____

Relationship to group leader (or other members in the group): _____

Arrival / departure dates or times (if different from group leader): _____

Group member 4

Name: _____

Age: _____ Gender: M / F

Diksha: Mantra / Jignasu / Karma / Poorna (circle one)

Given by: _____

Spiritual name (if any): _____

Present occupation: _____ Email: _____

Contact number: _____ (Home) _____ (Mobile)

Previous visit/s to Ganga Darshan: _____

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