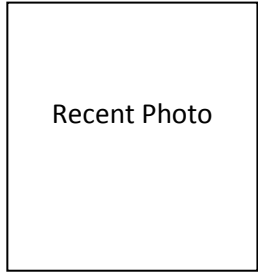


**APPLICATION FORM  
SANNYASA EXPERIENCE  
2024**

*Bihar School of Yoga  
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. Bihar School of Yoga reserves the right of admission to any training, program or event.

The training being applied for is:

Tick	TRAINING	DATE
<input type="checkbox"/>	Sannyasa Experience (10 weeks)	1 <sup>st</sup> September to 10 <sup>th</sup> November 2024
<input type="checkbox"/>	Sannyasa Experience (10 weeks)	1 <sup>st</sup> December 2024 to 9 <sup>th</sup> February 2025

Have you previously applied for this type of training? Yes / No If yes, give details: .....

Have you participated in any training conducted by Bihar School of Yoga, Sannyasa Peeth or Bihar Yoga Bharati before? Yes / No. If yes, please give details (training name and year).

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

**FOR OFFICE USE ONLY**

Application form received on: ..... By: post / hand / other along with:

2 Photos (affixed to form)  Passport copy  Curriculum Vitae (CV)

List of current medications  Medical report

Declaration by applicant  Other: .....

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

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**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 ..... Country: .....
9. Full Postal address (if different from permanent address): .....  
.....  
..... Pin/Zip ..... Country: .....
10. Your email ID: ..... Website: .....
11. Phone number:      Home: ..... Mobile: ..... Work: .....
12. Family contacts:      Father: ..... Mother: ..... Other: .....
13. How are you connected to Satyananda Yoga, 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. Passport no.: ..... valid until:.....
20. Native language: .....
21. English proficiency:           Fluent            Average            Poor
22. Spoken languages and level of proficiency:.....

**EDUCATIONAL DETAILS**

- | <i>23. Level of Education<br/>/ Examination Passed</i> | <i>Name of Institution</i> | <i>Major Subjects</i> |
|--|----------------------------|-----------------------|
| a. High School   | .....                      | .....                 |
| b. University / Tertiary                               | .....                      | .....                 |
| c. Postgraduate  | .....                      | .....                 |
| d. Other specializations                               | .....                      | .....                 |

**EMPLOYMENT & PROFESSION**

24. Professional qualifications: .....
25. Present occupation/profession: .....
- Company name and address: .....
- .....
- Name of reference: ..... Position: .....
- Contact number: ..... Email: .....

**ASHRAM EXPERIENCE**

26. 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 ..... |

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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
------	-----------------------	------------------	----------------------

.....  
.....

**YOGA EXPERIENCE**

28. Do you have experience in yoga teaching? Yes / No      If yes, as:

Yoga Teacher                       Yoga Consultant                       Yoga Therapist

a) Give details: .....

.....

.....

b) Place of teaching (home, ashram, hospital, school, etc.): .....

c) Duration: .....

d) Location (city, town, village): .....

e) Country: .....

f) Name and contact details of a person as reference: .....

.....

29. List the major books on yoga, sannyasa and spiritual life you have read: .....

.....

.....

30. Have you written any papers, articles and/or books on yoga or related topics? Yes / No

If yes, provide details: .....

.....

31. Propagation (conducted / organised / participated), please list (give details on a separate sheet if required):

.....

a) Yoga camps: .....

b) Lectures/seminars on yoga: .....

c) Sadhana programs: .....

32. What is the aim of your yoga practice (physical health / mental wellbeing / concentration / emotional wellbeing / psychic / spiritual / other)? .....

.....

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**SANNYASA LIFE EXPERIENCE**

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 SEPARATE 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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Recent Photo

**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 Bihar School of Yoga 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 Bihar School of Yoga 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 passport
- Medical details (including Medical Report and list of current medications) if applicable
- Copy of CV