

**APPLICATION FORM  
BIHAR YOGA TRAINING  
2024**

Bihar School of Yoga  
Ganga Darshan  
Munger  
Bihar 811201, India

Recent Photo

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. Admission policy is selective and a personal introduction is preferred when accepting applications. Bihar School of Yoga reserves the right of admission to any training, program or event.

**The training being applied for is: (Please send separate application if you are applying for more than 1 trainings.)**

Tick	TRAINING	DATE
<input type="checkbox"/>	Total Health Yoga Capsule (nationals only)	24 <sup>th</sup> February to 29 <sup>th</sup> February 2024
<input type="checkbox"/>	Pranayama Breathe for Healthy Lungs Training (nationals only)	10 <sup>th</sup> April to 16 <sup>th</sup> April 2024

I enclose herewith the advance remittance of Rs. 2,000/- in favour of Bihar School of Yoga, 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**

2 Photos (affixed to form)  Aadhaar card  Curriculum Vitae (CV)

List of current medications  Medical report  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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**PERSONAL INFORMATION**

1. Full name: .....
2. Spiritual name (if any): .....
3. Diksha: Mantra / Jignasu / Karma / Poorna (circle one)      Given by: .....
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:      Mobile: ..... Home: ..... 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: .....

**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. Aadhaar Card: .....

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**PERSONAL IDENTIFICATION**

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

**ASHRAM EXPERIENCE**

22. 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 .....
23. Have you visited any other ashram? Y / N If yes, give details:
- | Year  | Ashram name, location | Duration of stay | Activity/involvement |
|-------|-----------------------|------------------|----------------------|
| ..... | .....                 | .....            | .....                |
| ..... | .....                 | .....            | .....                |

**SOCIAL ACTIVITIES**

24. List your main hobbies and skills: .....
25. Do you prefer solitude or the company of others? .....
26. Are you active in public life in any capacity? Y / N If yes, give details: .....
27. Are you or any member of your family related to any political or religious organizations? Y / N  
If yes, give details: .....

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28. Have you ever been prosecuted for any criminal offence? Y / N If yes, give full details of offence committed and sentence undergone: .....

.....  
.....

29. Are you willing to participate in the ashram activities wholeheartedly? Y / N

30. List the skills you have to assist with ashram activities (driving / gardening / electrical / musical / IT/ computer, etc.): .....

.....

31. My reason and intention for participating in the training is: .....

.....  
.....

**LIFESTYLE**

32. List any form of exercise that you do during the week: .....

.....

33. How many days of the week do you exercise?.....

34. Frequency of yoga asana, pranayama practice: ..... days per week.

35. Frequency of yoga nidra practice: ..... days per week.

36. Frequency of mantra practice:..... days per week.

37. How many hours per day do you work professionally?.....Hours.

38. How many hours per night do you sleep? ..... Hours.

39. How many days of the week do you eat non-vegetarian food? .....

40. List any habits, such as alcohol, drugs, smoking, tea, coffee, etc.....

.....  
.....

41. Do you have any dietary restrictions? Y / N If yes, give details: .....

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**MEDICAL DETAILS**

42. Present height:  Present weight:
43. Are you taking any medication/s at present? Y / N If yes, give name and for what condition:  
a) .....  
b) .....  
c) .....
44. 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:  
.....  
.....
45. Have you suffered from any major illness in the past? Y / N If yes, give details:  
a) .....  
b) .....  
c) .....
46. 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:  
.....  
.....  
.....
47. 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.  
.....
48. 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 yoga 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, Ganga Darshan 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 or Medical Fitness Certificate) if applicable
- Copy of CV
- Application fee for processing the application by demand draft no. .... for Rs.2,000/-
- Self-addressed, stamped envelope for *Registered Post*