

**APPLICATION FORM**  
**VISITORS TO EVENTS**  
**2025**

*Bihar School of Yoga  
Ganga Darshan,  
Fort, 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 intended arrival date**. Late and incomplete applications will not be accepted.

All guests 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. The ashram reserves the right of admission to any training, program or event.

Intended arrival date: .....; departure date: .....

**FOR OFFICE USE ONLY**

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

2 Photos (affixed to form)  Aadhaar card (national)  Passport copy (overseas)

List of current medications  Medical report

Declaration by applicant  Other: .....

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

**PERSONAL INFORMATION**

1. Full name: .....

2. Spiritual name (if any): .....

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

4. Sex: Male  Female  Other

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 .....

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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: Father: ..... Mother: ..... Other: .....
13. How are you connected to Bihar School of 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. *For nationals:* Aadhaar Card: .....  
*For Overseas applicants:* Passport no. .... Valid until:.....
20. Native language: .....
21. English proficiency:           Fluent            Average            Poor
22. Spoken languages and level of proficiency:.....

**EMPLOYMENT & PROFESSION**

23. Professional qualifications:.....
24. Present 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 .....

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

**SOCIAL ACTIVITIES**

27. List the skills you have to assist with ashram activities (driving / gardening / electrical / musical / IT / computer, etc.): .....
28. Have you ever been convicted of any criminal offence? Y / N      If yes, give give details of offence and sentence: .....

**MEDICAL DETAILS**

29. Do you have any dietary restrictions? Y / N      If yes, give details: .....
30. Do you have any current physical health problems, allergies, illnesses or diseases? Y / N  
If yes, give details including medication being taken, restrictions in and management of the condition:  
.....  
.....
31. Have you suffered from any major illness in the past? Y / N      If yes, give details:  
a) .....  
b) .....
32. Do you have any current mental health issues, i.e. anxiety, panic attacks, depression, etc.? Y / N  
If yes, give details including medication being taken, restrictions in and management of the condition:  
.....  
.....
33. 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:  
.....  
.....
34. Are you taking any medication/s at present? Y / N      If yes, give name and for what condition:  
a) .....  
b) .....  
c) .....

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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 further declare that there are no criminal or civil litigation or charges against me.*
4. *I am solely responsible for my health, welfare and medication while I participate in the programs and activities in the campus.*
5. *I am of sound physical, mental and emotional health. If found to be not in good health, I will leave the campus for proper medical care.*
6. *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.*
7. *I will contribute to and participate in all the activities of the ashram wholeheartedly in the spirit of nishkama seva (service without personal motive).*
8. *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.*
9. *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 (national applicant)
- Photocopy of passport (overseas applicant)
- Medical details (including Medical Report or Medical Fitness Certificate) if applicable
- Self-addressed, stamped envelope for *Registered Post* (national applicant)