

**APPLICATION FORM
BIHAR YOGA TRAINING
2025**

Bihar School of Yoga
Ganga Darshan
Munger
Bihar 811201, India

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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 (Hindi medium) | 8 th to 14 th February 2025 |
| <input type="checkbox"/> | Pranayama Breathe for Healthy Lungs Training (Hindi medium) | 3 rd to 9 th March 2025 |

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

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 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
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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EMPLOYMENT & PROFESSION

20. Professional qualifications:
-
21. Present occupation/profession:

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:
-
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

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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. Do you have any current physical health problems, allergies, illnesses or diseases? Y / N
- a. If yes, give details including medication being taken, restrictions in and management of the condition:
.....
.....
- b. Contact details and phone number of your doctor in the case of an emergency:
.....
44. Have you suffered from any major illness in the past? Y / N If yes, give details:
- a)
- b)
45. Do you have any current mental health issues, i.e. anxiety, panic attacks, depression, etc.? Y / N
- a. If yes, give details including medication being taken, restrictions in and management of the condition:
.....
.....
- b. Contact details and phone number of your doctor in the case of an emergency:
.....
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. 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 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
- Application fee for processing the application by demand draft no. for Rs.2,000/-
- Self-addressed, stamped envelope for *Registered Post*