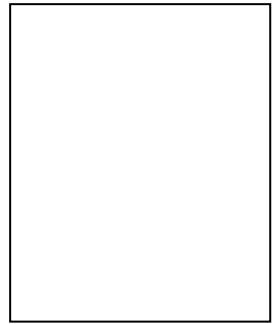


APPLICATION FORM

FOR YOGA CAPSULES

2020

Bihar School of Yoga
Ganga Darshan
Fort, Munger
Bihar 811201, India



YOGA CAPSULES – FOR NATIONAL ASPIRANTS

The applicant should 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 yoga capsule**. 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. Bihar School of Yoga reserves the right of admission.

The capsule being applied for is:

Tick	CAPSULE	DATE
<input type="checkbox"/>	Yoga Capsule (Respiratory) (Hindi)	9 th February to 13 th February
<input type="checkbox"/>	Yoga Capsule (Arthritis & Rheumatism) (Hindi)	9 th February to 13 th February
<input type="checkbox"/>	Yoga Capsule (Digestive) (Hindi)	23 rd February to 27 th February
<input type="checkbox"/>	Total Health Capsule (Hindi)	23 rd February to 29 th February
<input type="checkbox"/>	Yoga Lifestyle Capsule (Hindi/English)	4 th April to 8 th April
<input type="checkbox"/>	Yoga Lifestyle Capsule (Hindi/English)	2 nd December to 6 th December

I enclose herewith the advance remittance of Rs. 2000/- in favour of Bihar School of Yoga, Munger, which I understand is non-refundable and non-transferable.

Demand draft No. _____ Dated: _____ Bank: _____

FOR OFFICE USE ONLY

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

2 Photos PAN card / Aadhaar card Curriculum Vitae (CV)

List of current medications Medical report Declaration by applicant

Other:

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

Advance Rs. 2000/- received: Yes Receipt no. Date:

Amt. due upon admission: Receipt no.: Date:

Date, mode & time of arrival: Date of admission:

Date of departure: Reason for departure:

Remarks:

Application form received by:

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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. Phone number: Home: Mobile: Work:
8. Permanent address:
.....
..... Pin/Zip
9. Full Postal address (if different from permanent address):
.....
..... Pin/Zip
10. Your email ID: Website:

PERSONAL IDENTIFICATION

11. Drivers license no.: valid until:
12. Voter ID: Aadhaar card:
13. Facebook ID: Twitter ID:
14. Birthplace – City: State: Country:
15. How are you connected to Bihar School of Yoga, or were you referred by someone? Give details:
.....
.....

FAMILY DETAILS

- | | Name | Age | Profession |
|-----------------------------------------|-------|-------|------------|
| 16. Husband/wife | | | |
| Father | | | |
| Mother | | | |
| Name and age of children, if any: | | | |
| | | | |

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17. In case of emergency, my:..... Name:.....
Phone: Email:

EMPLOYMENT & PROFESSION

18. Professional qualifications:.....
.....

19. Present occupation/profession:.....
Company name and address:
.....
Name of reference: Position:
Contact number: Email:

20. My reason and intention for participating in the capsule is:
.....
.....

21. 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

22. Have you stayed at Rikhia 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
.....
.....
.....

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

LIFESTYLE & MEDICAL

31. List any form of exercise that you do during the week:
.....
32. How many days of the week do you exercise?
33. Frequency of yoga asana, pranayama practice:..... days per week.
34. Frequency of yoga nidra practice:.....days per week.
35. Frequency of mantra practice: days per week.
36. How many hours per day do you work professionally? Hours.
37. How many hours per night do you sleep?.....Hours.
38. How many days of the week do you eat non-vegetarian food?

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

.....

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

.....

41. Present height:

Present weight:

42. Are you taking any medication/s at present? Y / N If yes, give name and for what condition:

a).....

b).....

c).....

d).....

43. 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:

.....

.....

44. Have you suffered from any major illness in the past? Y / N If yes, give details:

a).....

b).....

c).....

45. Do you have a history of any mental health issues, ie. anxiety, panic attacks, depression, etc.? Y/N If yes, give details of symptoms, duration, treatment and present condition:

.....

.....

.....

.....

46. 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.

.....

.....

.....

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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.*

Signed

Date.....

Checklist of documents to enclose with this application:

- 2 current passport-size photos
- Photocopy Aadhaar card/Pan card
- Medical details (including Medical Report or Medical Fitness Certificate) if applicable
- Copy of CV
- Advance remittance by demand draft no.for Rs.2000/-
- Self-addressed, stamped envelope for *Registered Post*