



ChyK

AICHYK (All India Chinmaya Yuva Kendra)
Global youth wing of Chinmaya Mission

Enrolment Form – Youth Empowerment Programme 2014

Please fill in BLOCK Letters. Use a separate sheet to write any additional information if required.

Name: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: ____ / ____ / ____ **Sex:** Female ☐ Male ☐
(DD) (MM) (YYYY)

Father's/Guardian's name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Address: _____

City: _____ **State:** _____

Country: _____ **Postal Code:** _____

Email address: _____

Contact Numbers:

Residence: _____ **Mobile:** _____
(Area Code) (Number) (Number)

Occupation/Educational Qualification: _____

Name of Organisation/College: _____

Languages Known:

To Speak: _____

To Read & Write: _____

Hobbies / Interests: _____

Achievements in Academics/ Sports:

Past Experience (with any service organization):

Are you associated with any other spiritual organisation? YES ☐ NO ☐

If Yes please specify the name? _____

How did you come to know about the programme?

Why do you wish to join the YEP course?

Are you or anyone in your family a Chinmaya Mission Member? YES ☐ NO ☐

References (From Local Chinmaya Mission)

Name: _____

Phone No: _____

Address: _____

Other than Chinmaya Mission

Name: _____

Phone No: _____

Address: _____

After the residential training concludes on 10th March 2015, the Yuvaveers opt to serve voluntarily as per their posting at CM centres across India, for a year. Are you aware and willing to take up the 1 year service term after the residential training?

☐ YES I am aware of the service term and willing to take it up for 1 year after the YEP training.

☐ NO. I am aware of the service term, but cannot commit for 1 year. I will instead attend the YEP course as a guest student, and pay the donation fee of ₹30,000/- to AICHYK.

Dear Sir/Madam,

Date:

I declare that all the above details furnished by me are true.

Yours sincerely,

(Signature of the applicant)

Enclosures:

- ✓ Proof of Age
- ✓ Medical Certificate with photograph attested by a doctor
- ✓ Three passport size photographs
- ✓ Letter of Approval from Parents / Guardian

In case you belong to any other nationality than Indian, please also state the following:

- Nationality:
- Passport number:
- Visa type:
- Visa number:
- Visa validity (from and until):
- Duration of stay in India:

Please attach copy of your passport and visa.

Send your registrations to:

Swami Mitrananda

All India Chinmaya Yuva Kendra
Chinmaya Heritage Centre, # 2, 13th Avenue,
Harrington Road, Chetpet, Chennai - 600 031
Ph : +91-44-2836 5300 / +919841380738
Email: yep.aichyk@gmail.com