



**CHINMAYA
SARADA
TAPOVAN**

📍 Kothapatnam Beach Road, Prakasham
District, Ongole, Kothapatnam -523 286
Andhra Pradesh - India

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✉️ cstapovan.kpt@gmail.com

www.chinmayamission.com/events/vsc



Application Form for Vedanta Sarani Course

(PLEASE FILL FORM IN BLOCK LETTERS)

1. Full Name: _____

2. Date of Birth (DD/MM/YYYY): _____

3. Age: _____ Gender: _____

4. Marital Status (Married/Single/Divorced): _____

5. Permanent Address: _____

District: _____ State: _____

Country: _____ Pin Code: _____

6. Present Address: _____

District: _____ State: _____

Country: _____ Pin Code: _____

Landline Number: _____ Mobile Number: _____

Email: _____

7. Languages Known: (1) To Read: _____ (2) To Write: _____ (3) To Speak: _____

8. Educational Qualification: _____

9. Hobbies/Interests/Achievements:

(1) Indoor: _____

(2) Outdoor: _____

10. Are you employed? If yes, type of job: _____

If not employed, mention what you are doing currently: _____

11. Brief note about your immediate family (add sheet if required):

12. Personal Health History:

Note: Please attach a recent general Medical Fitness Certificate.

Disease, if any that you have: _____

Do you take any medicines regularly? If yes, give details:

13. Procedures/surgeries undergone – details if any:

14. Any history of fear, mental anxiety, adjustment difficulties?

15. Any history of depression? Yes No

16. Have you completed and attached the results of the medical tests required from a reputed laboratory as per annexure1? Yes No

17. Have you been initiated into spiritual sadhana (training) before? _____

18. If yes, details of the spiritual sadhana you are practicing: _____

19. Are you associated with Chinmaya Mission? If yes, give details:

20. Are you associated with any other cultural or spiritual organisation? If yes, give details:

(1) Name of the Organisation: _____

(2) Address: _____

(3) Name of your Guru (Teacher): _____

(4) Type of Initiation: _____

21. Spiritual Studies:

(1) Names of books you have made an extensive study of: _____

(2) Names of books you have inquisitively gone through: _____

22. Any social work experience (add sheet if required):

23. Reasons to apply for the Vedanta Sarani Course (add sheet if necessary):

24. Contact details in case of any emergency:

Name: _____

Contact No: _____ Relationship: _____

25. Name, designation and full address of two references (other than relatives):

(1) _____ (2) _____

Phone: _____ Phone: _____

Email: _____ Email: _____

DECLARATION

If admitted as a student, I will strictly follow the discipline of the institution and strive to prove myself worthy of selection. I am personally motivated to undertake the studies and I am not under any obligation or pressure from anyone.

In the event of a pre-existing health condition or a medical emergency, through the duration of the Vedanta Sarani Course, I agree that Chinmaya Sarada Tapovan Ashram will not bear any liability.

Location:

Date:

Signature:

Note:

1. Ensure that you have attached Medical Fitness Certificate/Test Reports along with the Application Form.
2. Completed applications should be sent at the earliest, not later than **December 01, 2021**, to the following address:

Manager

Kothapatnam, Beach Road, Prakasham District, Ongole, Kothapatnam - 523 286
Andhra Pradesh, India. Email: cstapovan.kpt@gmail.com

Annexure 1

The following tests are required to be completed and reports attached:

- | | |
|---|---------------------|
| 1. C B C | 4. Routine Urine EX |
| 2. Fasting Blood Sugar and PP Blood Sugar | *5. Covid |
| 3. ECG & X-ray Chest | |

