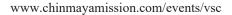


Kothapatnam Beach Road, Prakasham District, Ongole, Kothapatnam -523 286 Andhra Pradesh - India

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cstapovan.kpt@gmail.com





# **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/Divorc	ed):	
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:	<del></del>	

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:	<del> </del>	
(3) Name of your Guru (Teacher): _		
(4) Type of Initiation:		
21. Spiritual Studies:		
(1) Names of books you have made	e an extensive study of:	
(2) Names of books you have inquis	sitively gone through:	
22. Any social work experience (add sł	heet if required):	
23. Reasons to apply for the Vedanta S	Sarani Course (add sheet if necessary):	
24. Contact details in case of any eme	rgency:	
	Relationship:	
25. Name, designation and full address	s of two references (other than relatives):	
	(2)	
	Phone:	
Fmail:	Fmail:	

## **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 \*5. Covid Sugar

3. ECG & X-ray Chest

