1. Name	R SANDE THE Tara Cultura	EPANY S EACADEMY OF al Trust, Chinmaya Mission, - 400072, India Ph:+91-22 Email: sandeepany@chii /ebsite: http://sandeepany.	KNOWLEDG Saki Vihar Road, Pow- 2857 0368/2857/5805 nmayamission.com	ALAYA E ai, Mumbai
(IN BLOCK LETTERS)  2. Date of Bith				******
2. Date of Birth DD /MM/ YYYY	(First Name)			(Last Name)
3. Age       Affix Photograph         4. Married or Single		,	,	
3. Age Photograph   4. Married or Single   5. Permanent Address   State   District   Pin Code   Present Address   State   District   State   District   State   District   State   District   State   District   State	2. Date of Birth DD/N	ΜΜ/ΥΥΥΥ		
4. Married or Single	3. Age			
District            District         State           Country         Pin Code				
Duntry        Pin Code           Present Address	District	Stat	e	
District			Code	
Country Pin Code Landline Number Mobile Number Email	Present Address			
Country Pin Code Landline Number Mobile Number Email	District	Sta	ate	
Email			code	
	Landline Number	Mol	oile Number	
	Email			

8. Educational Qualifications

Note: Please attach a copy of Graduation Certificate and other supporting documents.

-

G	ualification Level	University/School	Year	Main Subjects	Division
N	latriculation/5.S.C.				
G	raduation				
Ρ	ost-Graduation				
С	ther Qualifications				
9.	Hobbies		I		
	(1) Indoor				
10. 11.	(1) At College Level (2) On Public Platforms				
	(3) Number of elder b	rothers			
	(4) Number of elder si	sters			
		Pro			
	(6) Mother's age	Pro	fession		
12	. Are you employed? I	f yes, type of job			
	Approximate total monthly emoluments				
	If not employed, mention what you are doing currently				
13		ur family per annum:			

r	y
)	ory

Note: Please attach recent general Medical fitness certificate.

Height:\_\_\_\_\_Weight:\_\_\_\_\_

Doyou take any medicines regularly? If yes, give details:

16. History of hereditary diseases in the family, if any.

17. Were you initiated into spiritual sadhana (training) before?\_\_\_\_\_

18. If yes, details of the spiritual sadhana you have been practising till now:

19. Are you associated with Chinmaya Mission? Ifyes, 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) Books you have made an exhaustive study of \_\_\_\_\_\_

(2) Books you have inquisitively gone through \_\_\_\_\_

22. Any Social Work Experience

23.	Reason/s to	apply for the	Vedanta Course	(add sheet if r	necessary):
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- 24. What do you intend to do with the knowledge and training in spiritual subjects that you will receive? (Add a sheet if necessary)
- 25. Location that is nearest or most convenient for you to attend an interview: (Mark any two places mentioned below, mark 1 for first and 2 for second preference)

(1) Ahmedabad	(10) Guwahati	
(2) Aurangabad	(11)Hyderabad	
(3) Bengaluru	(12) Indore	
(4) Bhubaneswar	(13) Kolkata	
(5) Chennai	(14) Lucknow	
(6) Cochin	(15) Madurai	
(7) Coimbatore	(16) Mangalore	
(8) Delhi	(17) Mumbai	
(9) Goa	(18) Trivandrum	

Note to applicants from Overseas: You will be intimated about the date and place (within your country) for the interview.

26. Name, designation and full address of two references (other than relatives)		
(1)	(2)	
Phone	Phone	
E-mail	E-mail	

Note:

- 1. Ensure that you have attached the following along with the Application Form:
  - (1) Graduation certificate
  - (2) Medical fitness certificate
- 2. Completed applications should be sent at the earliest, not later than May 15 2017, to the following address: The Chief Executive, Tara Cultural Trust Sandeepany Sadhanalaya **Chinmaya Mission** Saki Vihar Road, Powai Mumbai - 400072 Maharashtra India

## DECLARATION

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

Location:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## For Office Use Only

(NOT TO BE FILLED BY CANDIDATE)

Requisition for Application received on :	
Application Form sent on	
FilledApplication Form received on	
Interview call sent on	
Interview at (Place)	
On (Date)	
At (Time)	
Notes:	
Selected/ Not Selected	
Date:	Signature of the Interviewer
	-
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