

CHINMAYA MISSION

TARA CULTURAL TRUST



Sandeepany Sadhanalaya, Saki Vihar Road, Powai, Mumbai - 400072, India. Ph: +91-22-2803 5100

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PLICATION FORM	I FOR VEDANTA COL	JRSE
Name)	(Second Name)	(Last Name)
(IN BLO	CK LETTERS)	
DD/MM	/YYYY	Affix Photograph
Sex:		"
tus: Married/Single/Divorced		
	State	
	Pin Code	
(1) To Read	(2) To Write	(3) To Speak
_		
	Name) (IN BLO DD/MMSex: d/Single/Divorced (1) To Read	Sex:

	Qualification Level	University/School	Year	Main Subjects	Division
	Matriculation/S.S.C.				
	Graduation				
	Post-Graduation				
	Other Qualifications				
).	Hobbies/Interests/Achiev	ements	,		
	(1) Indoor				
	(2) Outdoor				
0.	Oratorial Proficiency				
	(1) At College Level				
	(2) On Public Platforms				
1.	Family Details				
	(1) Number of younger I	prothers	siste	ers	
		hers			
	(3) Father's age		_Profession _		
	(4) Mother's age		Profession		
2.	Are you employed? If yes	. type of job			
	Approximate total monthly				
	If not employed, mention				
3.	Per annum income of you	ır family:			

15.	Personal Health History	
	Note: Please attach a recent general Medical Fitness Certificate.	
	Height:Weight:	
	Do you take any medicines regularly? If yes, give details:	
16.	History of disease if any, that you or anyone in the family may have:	
	Diabetes	
	Blood Pressure	
	Heart Complaints	
	Neurological complaints (Headache, Migraine, Vertigo, Epilepsy etc.)	
	Chest- TB, Asthma, etc.	
	Nutritional disorder	
	☐ Thyroid	
	Skin diseases	
	Any other condition, please specify:	
17.	Details of specific treatment for any of the above-mentioned illnesses:	
18.	Procedures/surgeries undergone – details if any:	
19.	Any history of fear, anxiety, adjustment difficulties? Any accident, physical abuse or emotional stress?	
	Any history of depression in the family? Yes //No	
21.	Have you completed and attached the results of the medical tests required from a reputed laboratory as per annexure1? Yes //No //	

22.	Have you been initiated into spiritual sadhana (training) before?	
23.	If yes, details of the spiritual sadhana you have practised till now:	
24.	Are you associated with Chinmaya Mission? If yes, give details:	
25.	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	
26.	Spiritual Studies	
	(1) Books you have made an exhaustive study of	
	(2) Books you have inquisitively gone through	
27.	Any Social Work Experience	
28.	Reason/s to apply for the Vedanta Course (add sheet if necessary):	
20	What do you intend to do with the entitive broadless and training that you will receive 2 (Add o	
29.	What do you intend to do with the spiritual knowledge and training that you will receive? (Add a sheet if necessary)	
	4	

3 0.	Location 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) Coimbatore		
	(2) Mumbai		
	(3) Delhi		
	Note to applicants from Overseas: You country) for the interview.	u will be intimated about the date and place (within your	
	them all prescribed emergency medi	t students with any chronic health issues, carry with icines. Also note that there is no qualified, residential to tackle any severe medical problem and the nearest by.	
31.	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:	
	 Ensure that you have attached the Graduation Certificate 	following along with the Application Form:	
	•		
	(1) Graduation Certificate(2) Medical Fitness Certificate/Tes		

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 course, I agree that Tara Cultural Trust will not bear any liability.

Location:		
Date:	Signature:	

Annexure 1

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

- 1. CBC
- 2. Fasting Blood Sugar and PP Blood sugar
- 3. Serum Creatinine
- 4. Lipid Profile
- 5. ECG & X ray Chest
- 6. T3, T4, TSH
- 7. Routine urine EX
- 8. Routine Stool EX
- 9. HBsAg
- 10. HCV
- 11. HIV
- 12. VDRL

For Office Use Only

(NOT TO BE FILLED BY CANDIDATE)

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

