

CHINMAYA MISSION

TARA CULTURAL TRUST



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

 ${\bf Email: sandeepany@chinmayamission.com \bullet Website: http://sandeepany.chinmayamission.com}$

API	PLICATION FORM	I FOR VEDANTA COU	JRSE
Name			
Name(First		(Second Name) OCK LETTERS)	(Last Name)
Date of Birth			
	DD/MM	I/YYYY	2.55
Age	Gender:		Affix ——— Photograph
Marital Status: Marrie	s: Married/Single/Divorced		
Permanent Address			
District		State	
Country		Pin Code	
Present Address			
District		State	
CountryPin Code			
Landline NumberMobile Number			
Email			
Languages Known		(2) To Write	(3) To Speak
-	-	_	

	Qualification Level	University/School	Year	Main Subjects	Division
	Matriculation/S.S.C.				
	Graduation				
	Post-Graduation				
	Other Qualifications				
١.	Hobbies/Interests/Achieve	ments	,		,
	(1) Indoor				
	(2) Outdoor				
Э.	Oratorical Proficiency				
	(1) At College Level				
	(2) On Public Platforms _				
1.	Family Details				
	(1) Number of younger b	rothers	siste	ers	
	(2) Number of elder broth	ners	siste	ers	
	(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 v				
3.	Per annum income of your	family:			

10.	Personal Health History
	Note: Please attach a recent general Medical Fitness Certificate.
	Height:Weight:
	Do you take any medicines regularly? If yes, give details:
all Sar	ndly note that we recommend that students with any chronic health issues, carry with them prescribed emergency medicines. Also note that there is no qualified, residential doctor in indeepany Sadhanalaya to tackle any severe medical problem and the nearest hospital is proximately 2 kms away.
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:

_	ny history of fear, anxiety, adjustment difficulties? Any accident, physical abuse or emotiona tress?		
_			
:0. A	ny history of depression in the family? Yes/No		
	ave you completed and attached the results of the medical tests required from a reputed boratory as per annexure1? Yes/No		
:2. H	ave you been initiated into spiritual sadhana (training) before?		
:3. If	If yes, details of the spiritual sadhana you have practised till now:		
_			
4. A	re you associated with Chinmaya Mission? If yes, give details:		
_			
5. A	re you associated with any other cultural or spiritual organisation? If yes, give details.		
(1) Name of the Organisation		
	Name of the Organisation		
	2) Address		
(2	2) Address		
(2)	Address		
(2)	Address		
(2 	Address		
(2 (3 (4 26. S (1	Address		
(2 (3 (4 26. S (1	Address		

8. Reason/s to apply for the Vedanta Course (add sheet if necessary):			
	What do you intend to do with the spiritual knowledge and training that you will receive? (Add a sheet if necessary)		
tim		ine. Please mention here if there is any day of the week and/ or you. For those from overseas, mention this in both your loc	
. Na	•	of two references (other than relatives)	
Ph	one	Phone	
E-r	mail	E-mail	
No			
1.	,	the following along with the Application Form:	
	(1) Graduation Certificate	T 15 1	
	(2) Medical Fitness Certificate/	Test Report	
2.	Completed applications should be sent at the earliest, not later than 31 July 2023, to the following address:		
	following address:		
	The Chief Executive, Tara Cultu	ral Trust, Chinmaya Mission i Vihar Road, Powai, Mumbai - 400072, India	

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	
Online interview Date	
Online interview Time	
Notes:	
Selected/Not Selected	
Date	Signature of the Interviewer
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