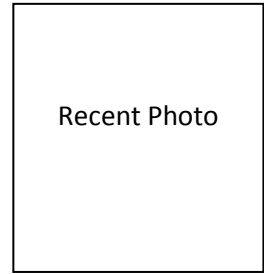


APPLICATION FORM
VANAPRASTHA SADHANA SATRA
2025

Sannyasa Peeth
Pauka Darshan
PO Ganga Darshan
Munger
Bihar 811201, India



Please fill in this application form in **CAPITAL LETTERS using black ink**. All personal information disclosed here will be treated confidentially. The date for receiving applications with all annexure closes **1 month prior to commencement of the training**. Late and incomplete applications will not be accepted. All participants are expected to abide by the rules of the ashram, maintain the discipline and also participate in the daily activities and seva. Sannyasa Peeth reserves the right of admission to any training, program or event.

The training being applied for is:

Tick	TRAINING	DATE
<input type="checkbox"/>	Vanaprastha Sadhana Satra 1	11 th July to 6 th August 2025
<input type="checkbox"/>	Vanaprastha Sadhana Satra 2	12 th August to 7 th September 2025

Please note that **all Vanaprastha Sadhana Satra participant MUST be accompanied by a family member for the whole duration of Satra**. The family member needs to send a complete application form for Vanaprastha Sadhana Satra or Ashram Life Experience (if under 50 years of age). Details of the person coming with you:

Name: Age: M/F, relations:

I enclose herewith the advance remittance of Rs. 5,000/- in favour of Sannyasa Peeth, Munger, payable at Munger as application fee for processing the application, which I understand is non-refundable and non-transferable.

Demand draft No. _____ Dated: _____ Bank: _____

FOR OFFICE USE ONLY

Application form received on: By: post / hand / other along with:

2 Photos (affixed to form) Aadhaar card

List of current medications Medical report or Medical Fitness Certificate

Declaration by applicant Other:

Admission letter sent on: By: post / hand / other

Application fee Rs. 5,000/- received: Yes Receipt no. Date:

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PERSONAL INFORMATION

1. Full name:
2. Spiritual name (if any):
3. Sex: Male Female Other
4. Age in years: Date of birth: Day Month Year
5. Have you received diksha / initiation(s)? Y / N If yes, give details:

	Year / Month	Place	From Who
Mantra
Jignasu
Karma
Poorna
6. Marital status: Married Unmarried
7. Name and age of husband/wife; name/s and age/s of children, if any:
.....
.....
8. Permanent address:
.....
..... Pin/Zip
9. Full Postal address (if different from permanent address):
.....
..... Pin/Zip
10. Your email ID: Website:
11. Phone number: Home: Mobile: Work:
12. Family contacts: Name: Mobile: Relationship:
13. How are you connected to Sannyasa Peeth, or were you referred by someone? Give details:
.....
.....
14. In case of emergency, please contact: Name:
Relation: Phone:
Email:

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PERSONAL IDENTIFICATION

15. Present nationality: Nationality at birth:
16. Birthplace: City: State: Country:
17. Facebook ID: Twitter ID:
18. Drivers license no.: valid until:
19. Voter ID: Aadhaar Card:
20. Native language:
21. English proficiency: Fluent Average Poor
22. Spoken languages and level of proficiency:.....

EMPLOYMENT & PROFESSION

23. Professional qualifications:.....
24. Present or previous occupation/profession:
-

ASHRAM EXPERIENCE

25. Have you stayed at Munger ashram before? Y / N If yes, list periods of ashram experience:
- | | | |
|------------|----------------|---------------|
| Year | Duration | Purpose |
| Year | Duration | Purpose |
| Year | Duration | Purpose |
26. Have you visited any other ashram? Y / N If yes, give details:
- | Year | Ashram name, location | Duration of stay | Activity/involvement |
|-------|-----------------------|------------------|----------------------|
| | | | |
| | | | |
27. Have you previously applied for this type of training? Yes / No If yes, give details:
-
28. Have you participated in any training conducted by Sannyasa Peeth before? Yes / No. If yes, please give details (training name and year).
-
-

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29. My reason and intention for participating in the Vanaprastha Sadhana Satra is:

.....
.....

MEDICAL HISTORY & LIFESTYLE

30. Present/past medical history (tick if applicable):

- | | | | |
|----------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Lower back problems | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Thyroid problem | <input type="checkbox"/> Obesity | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Kidney problem |
| <input type="checkbox"/> Stomach or Duodenal ulcer | <input type="checkbox"/> Asthma or any other lung problem | | |
| <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Dementia | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Cancer |

31. Present height: Present weight:

32. Do you have High or Low Blood Pressure? Y / N (HBP / LBP) If yes, answer the following:

My blood pressure is: Under control Not under control

What medical treatment are you using for blood pressure?

.....
.....

33. Do you have Diabetes? Y / N If yes, answer the following:

My diabetes is: Under control Not under control

Do you take insulin? Y / N If yes, how:

What medical treatment are you using for diabetes?

.....
.....

34. Have you had any complications like stroke, angina, kidney disorders, eye problems?

If yes, give details:

.....
.....

35. Are you taking any medications at present? Y / N If yes, give name and for what condition:

- a)
- b)
- c)

Attach medical report/s for the above-mentioned or any other CURRENT health problems
or Medical Fitness Certificate

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-
36. Do you have any current mental health issues, i.e. anxiety, panic attacks, depression, etc.? Y / N
a. If yes, give details including medication being taken, restrictions in and management of the condition:
.....
.....
37. Do you have a history of any mental health issues, i.e. anxiety, panic attacks, depression, etc.? Y/N
If yes, give details of symptoms, duration, treatment and present condition:
.....
.....
38. Name and mobile phone number of your current medical practitioner:
.....
39. List any habits, such as alcohol, drugs, smoking, tea, coffee, etc.:
40. Are you a vegetarian? Y / N
41. Do you have any dietary restrictions? Y / N If yes, give details:
42. Can you manage with simple, vegetarian food which is prepared in the ashram for everyone?
(as personal cooking is not permitted, and there is no provision for individual catering) Y / N
43. Will you be physically and mentally able to participate fully in the ashram activities and follow the daily routine?
Y / N

SOCIAL ACTIVITIES

44. List your main hobbies and skills:
45. Do you prefer solitude or the company of others?
46. Are you active in public life in any capacity? Y / N If yes, give details:
47. Are you or any member of your family related to any political or religious organizations? Y / N
If yes, give details:
48. Have you ever been prosecuted for any criminal offence? Y / N If yes, give full details of offence committed
and sentence undergone:
49. List the skills you have to assist with ashram activities (driving / gardening / electrical / musical / IT / computer,
etc.):

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Recent Photo

DECLARATION BY THE APPLICANT

1. *I, the undersigned, declare that the information given in this application is true, complete and accurate to the best of my knowledge.*
2. *I understand that if during the interview and admission procedure it is found that the information given in this form is incorrect, I will not be eligible.*
3. *I understand that proficiency in Hindi / English language is required. If during the interview and admission procedure my Hindi / English is found to be insufficient I will not be eligible.*
4. *I further declare that there are no criminal or civil litigation or charges against me.*
5. *I am solely responsible for my health, welfare and medication while I undergo the training in the campus.*
6. *I am of sound physical, mental and emotional health. If found to be not in good health, I will leave the training and campus for proper medical care.*
7. *In case of any emergency or unforeseen medical situation or treatment, all expenses will be borne by me and I will not hold Sannyasa Peeth liable in any regard in relation to the same.*
8. *I will contribute to and participate in all the activities of the ashram wholeheartedly in the spirit of nishkama seva (service without personal motive).*
9. *During my stay I will lead a life of sanyam (restraint in thought, word and deed), sahayoga (willing cooperation) and shanti (harmony & peace) and follow all the rules of Sannyasa Peeth Campus.*
10. *If I am not able to follow the above, and/or the Administration asks me to leave, I agree to do so at the earliest.*

Signed

Date.....

Checklist of documents to enclose with this application:

- 2 current passport-size photos (affixed to form)
- Photocopy of Aadhaar card
- Medical details (including Medical Report / Medical Fitness Certificate and list of medications) if applicable
- Application fee for processing the application by demand draft no. for Rs.5,000/-
- Self-addressed, stamped envelope for *Registered Post*