

APPLICATION FOR ADMISSION
5TH RESIDENTIAL BRAHMACHARI TRAINING COURSE

HARIHARANANDA GURUKULAM, BALIGHAI, PURI, ORISSA, INDIA

Name: _____

Date of Birth: _____ Male / Female _____

Marital Status: _____

Academic Qualification: _____

Occupation: _____

Address: _____

Telephone: _____ Cell phone: _____

E-mail: _____

Emergency Contact (name and contact information): _____

Health Record of Past Ten years (Please list any specific health conditions)

Date of Initiation into Kriya Yoga: _____

By Whom and Where: _____

(if initiated into Kriya Yoga)

Are you initiated into any other spiritual discipline? If so, give details. _____

List affiliation with other yoga or meditation practices

Signature _____ Date: _____

Please include a short essay (typed), of not more than 200 words, as to why you want to participate in this training and describe your lifestyle of the past ten years and your goal in life. Attach a recent photo to the application form.