



Marriage Application Form

On the auspicious occasion of Christmas Puja, Ganapatipule, 26th December 2023

Please fill out form in full and write in clear block letters. If details are not complete, your application may not be accepted. Attach additional information if necessary. Coordinator to retain a copy for future reference and submit this form along with Coordinator's Confidential form latest by **15th November 2023**. Email a copy to sahajamarriages@thelifeeternaltrustmumbai.org.

Gender: Male Female First Name: Surname:

Nationality: Passport No: Date of Birth: Age: Height: Weight:
DD/MM/YYYY Feet & Inch in Kg

Marital Status: Children:
Number of Boys & Girls / Living together / separated

Date of Self Realization: Sahaja Yoga Center Address (you are regularly attending for last 2 years)

Languages spoken:(Indicate level of fluency: A = native fluency; B = fluent; C = conversational; D = elementary)

Please affix recent color passport type photograph

Applicants Photo

Education in detail: Dates: From-To Institute/Qualifications/Grades:
 Primary
 Secondary (high school/ professional)
 University / Graduation
 Post Graduate / Highest Qualification

Your Occupation & Name of Organization you work for: Annual Income: In Indian Rupee Family Type:
INR. Joint / Nuclear

Previous seeking history or religious background Interest, Skills & Hobbies

Have you been in a: Previous relationship Non Sahaja marriage Sahaja marriage Are you legally free to marry? YES/ NO

Number of previous Sahaja Marriage applications Please provide details of previous marriage, matches & relationships (on next page if required)

Do you have ties, commitments, responsibilities (eg. children/parents care/divorcee support etc. or any such requirements?)

Have you had any major illnesses and do you have any current health problems/physical or mental disabilities/ sexual illness?

Why do you desire to be married in Sahaja Yoga?

Home Address:Flat/Plot no: Building Name: Street Name:

Town/City: State: Pin code/Zip Code: Country:

Phone no: Email Address:
Include Area Code

Are you willing to change country? YES/ NO Are you coming to GP Seminar? YES/ NO

With my signature I confirm that I have read the marriage protocols and agree with the terms contained.

Applicant's signature Date:

Signature of Centre/City/State/Country/Marriage Coordinator

I recommend this application for Sahaja Marriage
FULL NAME Signature
Date: Phone Number:
DD/MM/YYYY Include Area Code
Email:
Center Address:

Please attach necessary documents in support of the above (Legal documents like Divorce Certificate wherever applicable, Educational & Income certificates).



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Please fill out this page only if you need to provide additional feedback on the application which could not be provided in the previous page.

Applicant's First Name (in block Letters): Surname:

1) Additional information in relation to previous sahaja marriage applications / matches: (mention different events in separate points)

Sr. No.	Matched to (Name of Match & Location)	When & where was the match announced	Reasons for marriage not solemnized

Other details regarding Sahaja Marriage application:

2) Additional information or any other points to be highlighted:

Applicant's Signature

I have counseled the applicant and recommend the application for Sahaja Marriage:

Name & Signature of Centre/City/State/Country/Marriage Coordinator

Marriage Committee's Remarks: