



Coordinator's Confidential Form



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

I have personally counseled and verified the details provided in the applicant form of Mr./Ms.

I submit my remarks below based on my personal observation & inquiries related to his/her association & participation in Sahaja Yoga activities/ programs and personal conduct & character shown during the last years.

Give a full detailed background of the person, including education, job, financial situation, any children or other dependents, any criminal record. What is their state of health? Are there any special circumstances (family, health, work, financial, seeking etc.)?

Parents'/family's attitude towards Sahaja Yoga <input type="text"/>	Financial condition sustainable (boys)? <input type="text"/>	Any history of incest, homosexuality, bisexuality? <input type="text"/>
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Any history of intravenous drug use? <input type="text"/>	Any risk of HIV? Has the applicant been tested? What was the result? <input type="text"/>
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Previous matches / marriages / relationships? Please give details:

Other information:

Additional remarks if needed:

Faith & devotion in Sahaja Yoga and Shree Mataji Nimla Devi	<input type="text"/>	<input type="text"/>
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Participation in local activities	<input type="text"/>	<input type="text"/>
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Participation in regional/national events	<input type="text"/>	<input type="text"/>
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Integrity	<input type="text"/>	<input type="text"/>
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Sense of collectivity	<input type="text"/>	<input type="text"/>
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Emotional stability	<input type="text"/>	<input type="text"/>
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Strengths of personality	<input type="text"/>	
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Weaknesses of personality	<input type="text"/>	
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Any reported misconduct or misbehavior	<input type="text"/>	<input type="text"/>
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Any significant life issue/problem	<input type="text"/>	<input type="text"/>
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Readiness for Sahaja marriage	<input type="text"/>	<input type="text"/>
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Do you feel s/he will be an asset for a different Sahaja collective?	<input type="text"/>	<input type="text"/>
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Do you feel s/he will make a Sahaja Yoga marriage successful & happy?	<input type="text"/>	<input type="text"/>
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Overall remarks / grading	<input type="text"/>	<input type="text"/>
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Signature of Center Coordinator:
(responsible for providing the details above)

Date: _____ Phone Number: _____
Email: _____
Center Address: _____

Signature of City/ State/Country/ Marriage Coordinator:

I recommend this person's application

Date: _____ Phone Number: _____
Email: _____
Center Address: _____

Note: Coordinator should fill this form in full, attach with the signed marriage application form and email a copy to sahajamarriages@thelifeeternaltrustmumbai.org latest by 15th November 2023. Please keep a copy for reference.



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Additional Information Page

Coordinator to 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): Last Name:

Additional information or any other points to be highlighted:

Marriage Committee's Remarks :

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