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HERE			(To be filled, in d	luplicate, by	the Sah	aja Yogi / Yogini)	
1. Name : (Surname) (First Name) (Middle Name) 2. Date of Birth: (Day) (Month) (Year) 3. Age : (Years) (Months) 4. Sex : Male / Female 5. Self Address: House/Plot/Flat No. Building Name Street/Road No./Name Locality/Mohalla Village/City District State PIN Contact: Mobile Email:   Presently attending Centre: City: Attending since when : Email:   A. Educational (Please mention only the highest qualification) 6. S.No Examination Degree/Certific Year of Passing rsity Distinguished Performance/Achievements attending Centre: City: State Plan School/College/Unive Performance/Achievements Passed Sensing rsity Distinguished Performance/Achievements Passed Sensing Ramination Cocupation : Service/Self Employed/Business/Farmer/Unemployed 8. Annual Income : Rs Sensing Rsity Sensing Rsity							
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Village/City	5.						
State							
Presently attending Centre:   City:			= -				
Presently attending Centre: City:							
Attending since when: City/Centre coordinator name and contact details: City/Centre coordinator name and contact details: City/Centre coordinator name and contact details:  A. Educational (Please mention only the highest qualification) 6.  S.No Examination Degree/Certific Year of Passing rsity Distinguished Performance/Achievements  B. Professional 7. Occupation : Service/Self Employed/Business/Farmer/Unemployed 8. Annual Income : Rs 9. Present Assignment : Designation : Organization Name : Nature of Work  C. Personality 10. Physical : Height ft inches (b) Weight Kgs. : Complexion - Fair /Wheatish / Dark : Handicap, if any ( give details, even like eye sight, hearing aid etc.  11. Health Problems: (a) Previous (b) Present  12. (a) Single / Married/ Widow/Widower/Divorcee/Separated but not divorced (if divorcee, attach photocopy of divorce papers)		Co	ontact: Mobile		Emai	l:	
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Passed   ate   Passing   rsity   Performance/Achievements			Dograp/Cartifia	Voorof	Cabaa	I/Collogo/Lipiyo	Diationwiched
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13. Hobbies :	13	3. Hobbies :					



		Association. /Guardian's Details:			
•	Name				
•	Relatio				
•		ation:			
•	Annual	Income: Rs.			
•		s: House/Plot/Flat No			
		g Name			
		Road No./Name			
		y/Mohalla			
	Village.	/City			
	District	•	State_		
	PIN				
	Contac	t: Tel No	Mobile_		
	Email:				
15	. Self: (a	) Joined in		(Month, Ye	ear)
16	. Family				
	SL No	Name	Relation	Joined (Year, Centre)	Married in Sahaja Yoga (Yes / No)
				,	
	Did you Which a	u willing to change <b>Cou</b> a apply to Sahaja Marri all year you had applied d / Not selected : YES, why marriage did not ta	age earlier: Yes / No d /NO		
I he	ereby dec	clare that the information	n furnished above is	true and factuall	y correct.
(Sign	nature of	Candidate)	(Sign	ature of Father /	 ′Guardian)
` •		, 	Name:		_
Date.		Place			
erifie	ed and co	onfirmed from docume	ntary and other sourc	es by,	
oate_		Place		ntro / City Co	dinator\
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## FORM I -1 (PART – II)

## (CONFIDENTIAL) (To be filled by the Centre / City Co-ordinator)

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I have personally gone	through the d	letails furnishe	ed in Part-I of	this form and	verified the
details with documenta	ry evidence. O	n the basis o	f my personal	observation re	lated to the
	- C C N A / N A	1 -			

association and participation of Mr. / Ms. \_\_\_\_\_ With Sahaja Yoga activities/programmes and his/her personal conduct and character during Last\_\_\_\_\_years, I submit my remarks as below :-

SI. No	Attributes Description	Evaluation	Supporting Remarks
1.	Faith/Conviction in Sahaja Yoga	Total/Partly/Orient	
		ation Phase/ No	
2.	Participation in:	Observation (In % terms)	
۷.	r articipation in:	(III 70 terriis)	
	Centre Activities	100/75/50/ Below 50	
	Regional Seminar	100/75/50/ Below 50	
	National Seminar	100/75/50/ Below 50	
3.	Integrity	High / Normal / Doubtful	
4.	Team Worker	Outstanding / Fair / Poor	
5.	Emotional Stability	High / Normal / Poor	
6.	Any Physical Disability	Yes / No	
7.	Any reported misconduct / Misbehaviour at centre or Outside.	Yes / No 100 / 75 / 50 / Below 50	
8.	Economic Condition of Self & Family	Poor / Good / V. Good	
9.	Can he / she be considered an asset for Sahaja Yoga family		
10.	Three strengths of his / her Character & personality		
11.	Will he/she make Sahaja Yoga marriage successful & happy	Yes / No / No Comments	

Date:				
Place:				
	(Signature of	(Signature of Centre / City Co-		
	ordinator)			
	Name:			
	Mobile:	Email:		