

**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

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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.