



**BIO DATA FORM**

**FORM – I – 1**

**PART – I**

(To be filled, in duplicate, by the Sahaja Yogi / Yogini)

**PASTE LATEST,  
UNEDITTED  
COLOUR  
PHOTOGRAPH  
HERE**

**A : INTRODUCTION**

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 : \_\_\_\_\_  
 City/Centre coordinator name and contact details : \_\_\_\_\_

**A. Educational (Please mention only the highest qualification)**

6.

S.No	Examination Passed	Degree/Certificate	Year of Passing	School/College/University	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)  
(b) Children : Son(s) \_\_\_\_\_ Daughter(s) \_\_\_\_\_

13. Hobbies : \_\_\_\_\_



**D. Sahaja Association.**

14. Father's /Guardian's Details:

- Name : \_\_\_\_\_
- Relation : \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Annual Income: Rs. \_\_\_\_\_
- Address: House/Plot/Flat No. \_\_\_\_\_  
Building Name \_\_\_\_\_  
Street/Road No./Name \_\_\_\_\_  
Locality/Mohalla \_\_\_\_\_  
Village/City \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_  
PIN \_\_\_\_\_  
Contact: Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_

15. Self: (a) Joined in \_\_\_\_\_ (Month, Year)

16. Family

SL No	Name	Relation	Joined (Year, Centre)	Married in Sahaja Yoga (Yes / No)

17. Staying with Joint family: Yes / No (if yes, indicate the relations staying together)

18. Are you willing to change **Country**: Yes / No, **State** : Yes/No

19. Did you apply to Sahaja Marriage earlier: Yes / No

Which all year you had applied \_\_\_\_\_

Selected / Not selected : YES/NO

If yes, why marriage did not take place : \_\_\_\_\_

I hereby declare that the information furnished above is true and factually correct.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Signature of Father / Guardian)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Verified and confirmed from documentary and other sources by,

Date \_\_\_\_\_ Place \_\_\_\_\_  
(Signature of Centre / City Co-ordinator)

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email \_\_\_\_\_

**FORM I -1**

(PART – II)

**(CONFIDENTIAL)**

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

I have personally gone through the details furnished in Part-I of this form and verified the details with documentary evidence. On the basis of my personal observation related to the 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 :-

Sl. No	Attributes Description	Evaluation	Supporting Remarks
1.	Faith/Conviction in Sahaja Yoga	Total/Partly/Orientation Phase/ No Observation	
2.	Participation in:	(In % terms)	
	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 Centre / City Co-ordinator)

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_