

Maharishi Spiritual Citizens Awakening Campaign

(A Unit of Maharishi World Peace Trust)

Application for Teachers Training Course

Application No.:

Date:

1. Full Name

2. Father's/Husband's Name

3. Mother's Name

4. Permanent Address

Mobile No. WhatsApp No. Email

5. Present Address

Mobile No. of Emergency Contact

6. Birth Place

Date of Birth Month Year

Birth Time Hour Minutes Day Night

7. Present Occupation

8. Married/Unmarried Cast Religion

9. Yagyopaveet Sanskar Done ☐ No ☐

10. Bank Name where your A/c is Branch

Tehsil/Block District State

A/c No. IFSC Code

11. Aadhar Card No. (Attach Copy)

12. Are you practioner of TM, TM-Siddhi Programme and Yogic Flying? If yes, Inform date of learning TM

Name of TM Teacher Place

Date of learning TM-Siddhi Programme and Yogic Flying

Name of Siddhi Teacher Place

13. Educational Qualification/Name of Exam passed

Sl. No	Name of Exam	Year of Passing	Division	Subject	School/University
1.					
2.					
3.					
4.					
5.					

Note: Please attach mark sheet and certificate of Exam passed

14. Work Experience

Sl. No.	Name of Organization	Post	Time		Job Profile	Gross Salary	Salary in Hand
			From	To			
1.							
2.							
3.							
4.							
5.							

15. Family Members

Sl. No.	Relation	Name	Edu. Qualification	Occupation	DOB
1.	Father				
2.	Mother				
3.	Brother				
4.	Brother				
5.	Sister				
6.	Sister				
7.	Husband/Wife				

16. Have you worked in Maharishi Organization earlier? If yes, Please describe

Sl. No.	Name of Organization	Post	Time		Name of Dept. Head	Gross Salary	Salary in Hand
			From	To			
1.							
2.							
3.							
4.							
5.							

17. If any of your relatives or friends working in Maharishi Organization? If yes. Please inform

Name Post Years of Working
Salary Relation

Declaration

I have read and understood all principles and rules of Maharishi Spiritual Citizens Awakening Campaign. I have total devotion and faith in these principles and I agree with all rules of the organization. In case of violation of any rules of the organization. I will accept any Disciplinary action taken by the organization against me.

Date

Place

.....

Signature of Applicant

Name of Witness Signature

Address

Mobile No. Email Address

For Office Use

Following documents are attached

- | | | | | |
|----|------------------------|---|------|--------------------------|
| 1. | Marksheet of Exam | : | Copy | ☐ |
| 2. | Certificate of Exam | : | Copy | ☐ |
| 3. | Aadhar Card Copy | : | Copy | ☐ |
| 4. | First Page of Passbook | : | Copy | ☐ |

Name of City/Block/Tehsil State

Name & Signature

.....

Area Incharge

1. Name of Interviewer :

2. Full Address :

Mobile WhatsApp

3. Email :

4- Post :

Signature