



# Marriage Application Form



On the auspicious occasion of Christmas Puja, Ganapatipule, 26th December 2021

Please fill out form in full and write in clear block letters. If details are not complete, your application may not be accepted. Attach additional information if necessary. Coordinator to retain a copy for future reference and submit this form along with Coordinator's Confidential form latest by **21st November 2021**. Email a copy to [sahajamarriages@thelifeeternaltrustmumbai.org](mailto:sahajamarriages@thelifeeternaltrustmumbai.org).

Gender:  Male  Female First Name:  Surname:

Nationality:  Passport No:  Date of Birth:  Age:  Height:  Weight:

Marital Status:  Children:

Date of Self Realization:  Sahaja Yoga Center Address (you are regularly attending for last 2 years)

Languages spoken:(Indicate level of fluency: A = native fluency; B = fluent; C = conversational; D = elementary)

| Education in detail:   | Dates: From-To | Institute/Qualifications/Grades: |
|--|----------------|----------------------------------|
| <input type="radio"/> Primary<br><input type="radio"/> Secondary (high school/ professional)<br><input type="radio"/> University / Graduation<br><input type="radio"/> Post Graduate |                |                                  |

Your Occupation & Name of Organization you work for:  Annual Income: In Indian Rupee  Family Type:

Previous seeking history or religious background  Interest, Skills & Hobbies

Have you been in a:  Previous relationship  Non Sahaja marriage  Sahaja marriage Are you legally free to marry?

Number of previous Sahaja Marriage applications  Please provide details of previous marriage, matches & relationships (on next page if required)

Do you have ties, commitments, responsibilities (eg. children/parents care/divorcee support etc. or any such requirements?)

Have you had any major illnesses and do you have any current health problems/physical or mental disabilities/ sexual illness?

Why do you desire to be married in Sahaja Yoga?

Home Address:Flat/Plot no:  Building Name:  Street Name:

Town/City:  State:  Pin code/Zip Code:  Country:

Phone no:  Email Address:

Are you willing to change country  Are you coming to GP Seminar?

With my signature I confirm that I have read the marriage protocols and agree with the terms contained.

Applicant's signature  Date:

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

I recommend this application for Sahaja Marriage

Signature

Date:  Phone Number:

Email:

Center Address:

Please affix recent color passport type photograph

Please attach necessary documents in support of the above (Legal documents like Divorce Certificate wherever applicable, Educational & Income certificates).



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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):      Surname:

1) Additional information in relation to previous sahaja marriage applications / matches: (mention different events in separate points)

| Matched to (Name of Match & Location) | When & where was the match announced | Reasons for marriage not solemnized |
|---------------------------------------|--------------------------------------|-------------------------------------|
|                                       |                                      |                                     |

Other details regarding Sahaja Marriage application:

2) Additional information or any other points to be highlighted:

Marriage Committee's Remarks: