

CONFIDENTIAL RECOMMENDATION FORM

(TO BE FILLED OF IN BY THE MAJOR SUPERIOR / BISHOP / SPONSOR)

Name of the Applicant:**Name of the Course:****Name of the person giving recommendation:****Relation with Applicant:****Address of person recommending:****State:****Pin Code:****Area Code:****Tel:****Email:****Date:****(To be completed by the Bishop / Major Superior / Sponsor)**

We request you to bear in mind the following when you recommend this applicant. Most Sadhana courses are primarily oriented to personal healing and spiritual wholeness. **They are not meant for persons suffering from serious emotional disturbances.** Attendance at these courses, mostly conducted in the group format, can in fact do harm to some of them. Their presence can also be detrimental to the healthy functioning of the group. You can help in the growth process of the person you are sponsoring by giving us information that can be of help to us in understanding and helping this person.

In light of this we request you to give us the following information of the Applicant.

01. What in your observation are some of the areas personal/interpersonal life that this person needs to look into for personal growth ?

02. What are some of the interpersonal problems that the Applicant might have which could make participation in groups processand community living difficult ?

03. Does the Applicant suffer from any physical illness or disability ? yes/no

04. Has the Applicant been under psychiatric care any time ? yes/no

05. Does the Applicant suffer from any serious emotional problem ? yes/no

06. In what ways can this Sadhana course be of benefit to the applicant ?

07. Any other relevant information ?

Seal & Signature:

Full Name:

Date:

(This recommendation is treated as confidential material. Please mail it directly to: Admissions Director, Sadhana Institute, Lonavla 410 401, India)