



SHRI RAM CHANDRA MISSION

a California non-profit corporation

www.srcm.org

MOLENA ASHRAM SPIRITUAL TERM-RESIDENCY FORM

Name: _____

Date: _____

Address: _____

Home Tel: _____

Personal Data

Date of birth	
Cell No.	
Fax No. (if any)	
E-mail address	
Sex	
Marital/family status	
Abhyasi since (year)	
Are you a prefect? (yes/no)	
Prefect provisional permission date	
Name and contact data of your prefect (phone no. & email address)	
Language(s)	
Requested period of stay	
Special needs (allergies/health problems)	
Are you taking any medication?	
If yes, please provide details and since when	
Insurance Coverage during your stay at the ashram	



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Additional Information:

Current life and work situation (family, work, housing etc.)

Current financial situation (are you able to support yourself during the stay?)

Suggested work area at the ashram

Relevant skills and work experience

Personal and social needs (are you comfortable living in a small community and are you able to share accommodation with one or more roommates?)

Major seminars and celebrations that you have participated in

Your reasons for wanting to participate in the internship program / your expectations from it

Mail the completed form to Molena AMC, 5611 GA Hwy 109 West, Molena GA 30258 or send an email to Molena@srcm.org



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MOLENA ASHRAM SPIRITUAL TERM-RESIDENCY FORM QUESTIONNAIRE FOR PREFECT & REGIONAL COORDINATOR

Abhyasi Name: _____ Date: _____

Prefect Name _____

Regional Coordinator Name: _____

How long has the abhyasi been in your center?	
Has he or she been taking regular sittings?	
Does he or she attend satsanghs regularly?	
Comments on general behaviour:	
Would you recommend him for Molena term-residency program?	
Any other thoughts/suggestions?	

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