

## Rules and Regulations

### Swami Samarpan Ashram, Tapovan, Rishikesh, Himalayas

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All residents are expected to observe the following to make the stay for all of us more comfortable:

- The ashram is situated in a remote village area. Let's not your behavior, attire and interactions be such as would offend the villagers (for example clothing, interactions man/woman) and create disharmony.
- For your own welfare, you are advised to avoid interactions with strangers and do not wander off alone or in groups in the adjoining villages and rural areas unless organized by the ashram.
- **If you choose to interact with local people, it is at your own risk and the ashram can not be held responsible for any mishaps.**
- If you wish to make any offerings or assist anyone financially, kindly deal through the ashram. Do not give anything directly to the villagers, especially children.
- Please maintain the quietness here and keep the nature clean.
- For your own safety you are instructed to walk in groups to Laxman Jhula etc. and to return before the Gates of the ashram are closing.
- If requested to change accommodation allocated, participants must follow the instructions given by the ashram.
- To avoid any mishap, you are advised to keep your valuables in safe deposit. **The ashram is not responsible for loss of goods from the room.**
- Drugs, alcohol or smoking are prohibited on the premises. By not following this rules, the ashram is free to ask the person to immediately leave.
- The diet is strictly vegetarian, which means no meat, fish, eggs, onion, garlic. Also do not bring any such items from the outside inside the ashram.
- In case of sickness please inform the ashram immediately, that the right guidance can be given.
- Engage yourself fully in the ashram program and karma yoga. Spend your free time in a constructive manner. Entry into other people's room is not permitted.
- The ashram reserves the right to dismiss any participant for non-compliance of ashram discipline.
- The ashram is asking to give the donation for your stay in advance. Which is per week, 50 Euro.

Please read the above carefully and clarify if necessary.

Date and Name:

Signature:

ISYAF: (Form 2).

Application Form (Head Office: Swami Samarpan Ashram, Dholsut, Tapovan 249192, Distt: Tehri-Garhwal, Uttarakhand, Rishikesh, Himalayas, India,

No.1 & 2 for official use only), Date \_\_\_\_\_

1. Name of the Center \_\_\_\_\_

2. Course Name and Registration No. \_\_\_\_\_

Please write clearly, in block letters.

All information in this application will be kept strictly confidential.

3. Name \_\_\_\_\_

4. Permanent Address \_\_\_\_\_

5. Present Address \_\_\_\_\_

6. Phone (Res.) \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

7. Date of Birth \_\_\_\_\_ Profession \_\_\_\_\_  
Education \_\_\_\_\_

8. Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_

9. Passport No. \_\_\_\_\_ Mother Tongue \_\_\_\_\_

10. Are you experiencing any of the following health problems?  
Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ High/Low Blood Pressure \_\_\_\_\_  
Heart Problem \_\_\_\_\_ Back Pain \_\_\_\_\_ Pregnancy \_\_\_\_\_  
Others, Specify \_\_\_\_\_

11. Are you currently taking any prescribed medication? Are you smoking, or

taking any other drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

\_\_\_\_\_

13. Have you ever undergone any Psychiatric treatment before?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

14. Please list any other programmes/Yoga/Tantra/Vedanta/Meditations in the  
field of Self-development you have participated in or taught your self?

\_\_\_\_\_

15. How did you come to know about ISYAF?

\_\_\_\_\_

15. How do you rate your Ego?  
Very big \_\_\_\_\_ Medium \_\_\_\_\_ Small \_\_\_\_\_

Declaration: I understand that any benefits derived from this course depend upon the extent of my

participation. I therefore, accept full responsibility for the outcome. I willingly agree to follow all

instructions and commit myself to attend all sessions without any exception. I also agree that I will not

disclose the contents of this course to anyone. I declare that, I am physically and mentally able to

participate in this program.  
I understand that the course fee is non-refundable. Therefore, make sure to get the appropriate visa for  
the course's duration.

Date: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Print this form, fill it up and attach two passport photos and a photocopy of your passport/ID card