

Diksha Request Form

- Strunjan, Slovenia, June 2011 -

Civil name:	
Spiritual name (if any):	
Sex:	
Date of birth:	
Zodiac:	
Requesting	
Spiritual name:	Yes / No
Mantra:	Yes / No
Psychic symbol:	Yes / No
Jignasu sannyasa:	Yes / No
Karma sannyasa:	Yes / No
Details of previous diksha received	
Who from:	
What type:	
When:	
Where:	
Postal address (Please, write readable):	
Telephone number (complete, with international codes):	
E-mail address (Please, write readable):	

Received by:

Date: