

## Application Form for upgrading to become a Centre Of The Sathya Sai Baba Central Council of Malaysia

(Temporary Accreditation)

Name of Bhajan Unit:

---

Name of Coordinator:

---

Postal Address:

---

---

Postcode: \_\_\_\_\_

Tel (House) : \_\_\_\_\_ Tel (Office): \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax : \_\_\_\_\_ E mail: \_\_\_\_\_

Date of formation of Bhajan Unit (date/month/year) \_\_\_\_\_

Our Bhajan Unit wishes to apply to be upgraded as a Centre with the Sathya Sai Baba Central Council of Malaysia. We have been carrying out the following activities as required for upgrading of Bhajan Units to Centres:

- (i) Devotional Group Singing
- (ii) Educational program for children of devotees
- (iii) Community service
- (iv) Study Circles

We have studied and understood the provisions mentioned below and these have also been explained to all the devotees of our Bhajan Unit and we are aware of their spiritual significance and undertake to follow all these provisions in letter and spirit.

- Nine Point Code of Conduct and the Ten Principles
- Constitution of the Sathya Sai Baba Central Council of Malaysia
- Guide book for the Operation of the Sathya Sai Baba Organisation in Malaysia
- Circulars, Rules & Regulations of the Sathya Sai Baba Central Council of Malaysia  
(as posted on the Sai Council Website, namely [www.saicouncil.org.my](http://www.saicouncil.org.my))

We understand the definition of Active Members/Associate Members, and have listed below the names of at least 9 Sai devotees of our Unit who are Active Members (not more than two members from one family shall be included).

**NAMES OF ACTIVE MEMBERS**

<b>NO</b>	<b>NAME</b>	<b>NRIC NO</b>	<b>SIGNATURE</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

\_\_\_\_\_  
SIGNATURE OF COORDINATOR

NRIC No: .....

DATE : .....

**NOTE**

- a. Three (3) copies of this form are to be submitted to parent Centre Chairman.
- b. To submit copies of the last 2 quarterly reports for your Bhajan Unit together with this form

\_\_\_\_\_  
Recommended by Chairman of Parent Centre: SSBSC of

Signature:

Name:

Date

Recommended by State Coordinator , State: \_\_\_\_\_

Signature:

Name:

Date

**For Office Use**

Central Council Ref. No : \_\_\_\_\_

Council Secretariat Received date : \_\_\_\_\_ Informed Coordinator on : \_\_\_\_\_

Due date for 6 month review : \_\_\_\_\_ Informed Coordinator on : \_\_\_\_\_

Quarterly reports submitted : \_\_\_\_\_

Accreditation Committee approved date : \_\_\_\_\_

ROS approval date : \_\_\_\_\_ Informed Coordinator on : \_\_\_\_\_