

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)

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

| NO | NAME | NRIC NO | SIGNATURE |
|-----------|-------------|----------------|------------------|
| 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 the 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

Name:

Date

Recommended by State Coordinator , State: _____

Name:

Date

For Office Use

Central Council Ref. No : _____

Council Secretariat Received date : _____ Informed Coordinator on : _____

Due date for review : _____ Informed Coordinator on : _____

Quarterly reports submitted : _____

Accreditation Committee approved date : _____

ROS approval date : _____ Informed Coordinator on : _____