**APPLICATION FOR ADMISSION TO THE   
SANTI MAHA SANGHA EXAMINATION LEVEL \_\_\_\_\_**

*PHOTO*

**\*Instructions for attaching the photo in Word:**to import the photograph from your folder, click on “*Insert*” and then on “*Image*”.

FIRST NAME

SURNAME

E-MAIL ADDRESS

INTERNATIONAL DZOGCHEN COMMUNITY MEMBERSHIP NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Gar: | Local Gakyil |
| E-mail of the Gar: | E-mail of the Local Gakyil: |

|  |
| --- |
| Personal motivation *for participating in the Santi Maha Sangha Training* |

|  |
| --- |
| TAWA – *Level of preparation in textual study* |
| GOMPA – *Level of preparation in the practices. The candidate should declare precisely if he or she has completed all the prescribed trainings or not and, in the case of a negative response, which practices are lacking* |
| CHÖPA - *Personal reflection on one’s own behavior and on the extent of one’s collaboration in community activity (please specify the total amount of Karma Yoga hours)* |

|  |
| --- |
| *For the examinations of SMS First Level and the successive Levels the candidate should indicate* the place and date of the last exam taken*, and specify if his or her membership card has been renewed continuously, including the year of the examination to be taken* |

|  |
| --- |
| *Please specify the* language *in which you prefer to take the exam:* |

* Important: The application form to be valid must be completed in all its parts, otherwise the request for admission will not be accepted.
* The candidate will be notified by the SMS Coordinating Center that his/her application has been approved or rejected. If an answer is not received, the candidate should actively inquire his/her local Gakyil about his/her application. Without approval the candidate cannot sit for the examination.

**KARMAYOGA**

|  |  |  |  |
| --- | --- | --- | --- |
| **NUMBER OF HOURS** | **TYPE OF WORK** | **DATE OR**  **PERIOD** | **BENEFICIARY: LOCAL OR GAR GAKYIL** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **SPACE RESERVED FOR THE LOCAL GAKYIL** |
|  |

1. Certification of Karma Yoga claim; validated by:

Name:

Role:

Date:

2. Evaluation of the candidate's conduct, participation and activity (approved jointly by three Gakyil members after consulting with the Gakyil of the Gar, if necessary, and the SMS coordinator of the Gar)

**This form should be sent with solicitude by the local Gakyil   
to the SMS Coordinating Center:**

[**sms@dzogchen.net**](sms@dzogchen.net)