



Jain Studies Application Form

International School For Jain Studies Application Form, for ISSJS 2009

PLEASE SELECT THE PROGRAM APPLICATION FOR: Program A (One Month), Program B (Two Month), Program C (Specialized)

Date:

1. Personal Information

Name (Last, First, Middle):

(Also include Mr. Mrs. Ms., Dr., Prof.)

Social Security/Insurance Number:

Address: (residence)

Street Address

Street Address

City

State

Zip Code

Country

Phone No.

Cell No.

Email:

Age:

Gender(Male/Female)

2. Educational Information

Particulars	Institution 1	Institution 2	Institution 3
Name Street Bldg Dept. City State Zip Code Country			
Position(Student,Research, fellow, Teaching, professor, Associate Professor)			
If Student (Undergraduate, Graduate, PhD)			

Please provide the names and contact information for three academic references. Also, your references must provide letters of recommendation (see checklist and application instructions):

Particulars	Reference 1	Reference 2	Reference 3
Name: Title: Dept. University Email Id: Tel. No.			
How long known (< 1 Yr, >1<3 Yr, 3 Yr.)			

Please list all previous travels in South Asia including purpose of travel and duration of stay:

Particulars	Country 1	Country 2	Country 3
Name			
Period			
Year			
Purpose			
Places visited			
Contact Tel.No. if any			
Email			

How did you learn about ISJS program?

Optional Language Tutorials:

During a five-week section of the program, language tutorials in Sanskrit, Hindi and Prakrit will be available to program participants who have previous experience in the study of the languages (at least two years for those interested in studying Hindi, and at least three years in the study of Sanskrit and/or Prakrit). Such arrangements shall be made at subsidized costs to the scholars on their specific requests. Please indicate your interest in the optional language tutorials and prior language experiences:

Language-(Hindi, Sanskrit, Prakrat)	
Present proficiency level<1 semester, >1 semester<2 semester, more)	

Statement of purpose: (Essential for evaluation)

In a separate document, please compose a statement of purpose (of approximately 1,200 words) in which you describe your academic background and scholarship as well as your specific interest in the study of Jainism. In your essay you should also be able to explain why this program will be beneficial and productive for you as a student or a scholar, what you hope to gain from the program, and how you plan to contribute to the academic study of Jainism in the

future (if you are a professor/faculty member, please indicate how you might incorporate the study of Jainism into the academic curriculum at your department/institution). Kindly attach this document with your form & then send the email.

Mrs. Meetu Jain

Office of Director Admissions, ISSJS

D 28, Panchsheel Enclave

New Delhi – 110017, India

Email: admission@jainstudies.org

Tel: +91-11-26491228

**International School for Jain Studies (ISSJS)
Liability Waiver, 2009**

Name (last, first, middle): _____

Address: _____

City: _____ **State:** _____ **ZipCode:** _____

Country _____

Social security/Insurance # _____

Phone Number: _____

Email: _____

In case of emergency, please notify (please include address, email and phone number):

I understand that traveling to and attending the Jain Summer School Program ("Program") in India offered by Mahavir Vision, Inc. may involve certain risks including but not limited to risks inherent in international travel, such as sickness, illnesses, exhaustions (mental and physical), accidents, emergencies, exposure to reckless conduct of other persons, sexual harassment, rape, murder, assault, kidnapping and/or lack of adequate facilities and support systems by any of the providers, Mahavir Vision, Inc., its officers, directors, employees, volunteers, agents, Sponsors, supporters and all affiliate organizations of the ISSJS program in North America, Europe and India.

The ISSJS and Mahavir Vision, Inc. will not accept any liability for injury (mental, emotional, verbal and physical), loss, damage or expense sustained as a result of my participation in the Program, prior to, during and after the participation in the Program and I accept that none of the organizers and supporters (Mahavir Vision Inc, ISSJS and others) will be held responsible in any form and shape...

Further, it is always possible that the Program may not be completed or individual activities may be curtailed or cancelled. Reasons for curtailment or cancellation may include, but are not limited to: weather, illness, terrorism, political disturbances, transportation problems, failure to perform on the part of travel agents or airlines, problems relating to customs, or other circumstances beyond the control of Mahavir Vision, Inc. It is the responsibility of each participant in the program to learn as much as possible about the risks of the venture, to weigh those risks against the advantages, and to decide whether or not to participate.

The Mahavir Vision, Inc., its governors, officers, employees, volunteers, students and representatives, and any individuals and organizations connected with the program accept no responsibility and assume no liability whatsoever with respect to any academic, vocational, medical, physical, emotional or financial consequences and advice received by a participant.

While a participant in this program, I agree not to engage in any unlawful (criminal and civil) activities, break any laws of the home and host countries, and engage in any illegal, political or undesirable activities.

Furthermore, while participating in this program and meeting with Jain monks, nuns, lay Jains and other people; and while visiting places of worship and religious sites and also in food, I will strive to show respect and regards and observe the necessary customs and the traditions of the sponsors of this program.

I agree that I will fully and willingly participate in all the academic and other activities of the program and observe all the disciplines for the proper functioning of ISSJS. If I fail to observe the academic and other discipline, Mahavir Vision and ISSJS organizers are free to ask me to leave the program at any stage during the program without any compensation.

I give permission to Mahavir Vision Inc., its affiliates and supporters to use any of my written and/or verbal comments and/or photographs in which I appear as a participant in the ISSJS Program ("Program") for public relations and/or fund-raising purposes (including letters, brochures, magazine advertisements, web sites, videos, emails, and public and private talks etc.) without any remuneration, compensation, prior permission, acknowledgements and recognition.

I am participating in this ISSJS 2009 program knowing of all the risks and at my own free will without any coercion, force or promises of any kind by any one.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL. I FULLY UNDERSTAND THAT BY SIGNING THIS I AM RELEASING MAHAVIR VISION, INC. AND ALL ITS AFFILIATES FROM ANY CLAIMS OR RESPONSIBILITY AS SET FORTH ABOVE LEGALLY OR OTHERWISE AND CONSENT TO THE STATEMENTS AND POLICIES MENTIONED ABOVE.

Signature of Applicant

Date

Witness (1) Signature (also write full name)

Date

Witness (2) signature (also write full name)

Date

Please mail this form to the following address by **February 15th, 2009**:

**The Office of Director Admissions, ISSJS
1310 Bayridge Blvd. Bay City
Texas 77414 USA**

ATT: Mr Vatsa Kumar

(or electronically after scanning the filled in form and attaching to the application to info@jainstudies.com) and **vatsakumar@att.net**

International Summer School for Jain Studies

Participant Data

The sole of purpose of the following data is for emergency use only.
It will not be used for any other purpose.

Your Information:

Name: (First, Middle, Last): _____

Name of Spouse: _____

Spouse Phone Number: _____

Street Address/P.O. Box: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Name of Employer, if any: _____

Permanent Contact Information (if different from above): _____

Name of primary resident (if not yours): _____

Street Address/P.O. Box: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Home Phone: _____

Email Address: _____

Dietary Restrictions, if any:

Allergies/ Current Medications, if any:

International Summer School for Jain Studies

Passport Number: _____

Passport Expiration Date: _____

Medical Insurance

Note: Please check with your medical Insurance provider to determine whether you have a Medical coverage in India. You will be responsible for all costs of medical care (including hospitalization) needed in India or after you return from your study trip in India. The ISSJS Director in India will make referrals regarding physicians and hospitals, but you (not the sponsors of this Study Program) will be asked to pay directly to the service providers in India. If your medical insurance provider does not cover internationally, you will need to purchase travel insurance. Please see the pre-departure travel brochure for more information.

Address: _____

Primary Policy Holder: _____

Type of coverage: _____

Phone: _____ Email: _____

I have read the statements concerning health and medical Insurance, and I understand them fully. I agree to sign the indemnity and general agreement with the sponsors. I further certify that all of the Information I have provided on this application is true, complete, and accurate, to the best of my knowledge.

Signature: Date:

Printed Name: