

**THE SCHOOL OF THE WISDOM**  
**THE THEOSOPHICAL SOCIETY**  
ADYAR, CHENNAI 600 020, INDIA

Please fill in **BLOCK CAPITALS** and send this form to the Assistant Director of the School of the Wisdom, after obtaining the recommendation of the General Secretary or main Officer in your country of residence. You may send the Application by email to [study.hq@ts-adyar.org](mailto:study.hq@ts-adyar.org) or by post: The Theosophical Society, Secretary's Office, School of the Wisdom, Adyar, Chennai 600 020, India.

**Name:** ( ) Ms ( ) Mr \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address (in home country):** \_\_\_\_\_  
\_\_\_\_\_

**Email** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Occupation** (if retired, former occupation): \_\_\_\_\_

**Date of Joining the T.S.:** \_\_\_\_\_ **Diploma No.:** \_\_\_\_\_

**Section/Federation/Branch to which attached:** \_\_\_\_\_

**Brief History of Activities in the T.S.:** \_\_\_\_\_  
\_\_\_\_\_

**Mention briefly any other Activities** (allied movements or any humanitarian work): \_\_\_\_\_  
\_\_\_\_\_

**Duration of stay in Adyar:** \_\_\_\_\_

**Do you need accommodation in Adyar:** ( ) Yes ( ) No  
email-contact [acco.hq@ts-dyar.org](mailto:acco.hq@ts-dyar.org)

**Applying for the following Session(s):** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's  
Signature**

**Recommended by:** \_\_\_\_\_

\_\_\_\_\_  
**Recommendation  
Signature**

Those members who wish to stay for the **International Convention** are requested to register separately at the Convention Office and book accommodation separately.