

INTERNATIONAL SOCIETY FOR KRISHNA CONSCIOUSNESS

Founder-Acarya: His Divine Grace A. C. Bhaktivedanta Swami Prabhupada

ISKCON BOARD OF EXAMINATIONS

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APPLICATION TO BECOME AN APPROVED EXAMINATION CENTER

Location Name of ISKCON Center Responsible for the Program: _____

Postal Address: _____

We would like to become an Approved Examination Center for the administration of Bhakti Sastri Examinations. We have read and understood the document "Awarding Bhakti Sastri Degrees Version 6.2" and agree to administer our examination program in accordance with the policies of the ISKCON Board of Examinations as they exist now or as they may be amended in the future.

We are appointing _____ to serve as the Program Administrator.

Assessment System we will use: Summative Assessment System

Formative Assessment System

For Centers using Summative Assessment System:

Name of Grader(s): _____

For each grader, enclose either a copy their Bhakti Sastri certificate or send the serial number written on the back of the certificate.

Please check one box only:

We are ready to start. Please supply a Bhakti Sastri examination for the first year.

Enclosed is our proposed Bhakti Sastri examination for the first year. Please send approval or suggestions for improvement. If the examination is not in English, a translation is also enclosed.

We are not ready to begin actually administering Bhakti Sastri examinations. We will contact you when we are.

For Centers using Formative Assessment System:

Name of Lead Instructor: _____

Enclose proofs: (1) Bhakti Sastri certificate copy or certificate serial number.
(2) Certificate copies, VTE or equivalent, for Teacher Training Parts 1 and 2 and Bhakti Sastri Teacher Training.

Signed: _____ Approved by: _____
ISKCON Officer Local GBC or Zonal Secretary

The completed application should be submitted to the letterhead address.