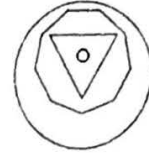


RAJNEESH FOUNDATION

SHREE RAJNEESH ASHRAM 17, KOREGAON PARK POONA 411 001 MAHARASHTRA, INDIA
TELEPHONE: 28127, 20981, 20982 TELIX: 0145 421 TAO GRAM: TATHATA



Ms. Joyce Smith
Assistant to the Consul General
Consulate General of the
United States of America
78 Bhulabhai Desai Road
BOMBAY 400 026

Please quote our ref:

in all related correspondence.

18th May, 1981

Beloved Friend,

Love

I am writing this letter on behalf of Bhagwan Shree Rajneesh as his personal secretary and as the managing trustee of Rajneesh Foundation.

It is his wish to apply for a visa to go to America, where our experts are, for medical treatment for a back operation which should take a maximum period of three to four months. Bhagwan then wishes to return here to his ashram in Poona, India, where all our activities are going on, after completion of the treatment.

As the largest Rajneesh Meditation Center in the world is located in Montclair, New Jersey and the medical facilities in America are the most superior, we feel that this is the best possible place to take Bhagwan for treatment.

Together with our facilities, there are trained medical personnel, and we would only need about 20 people to go along from here for these four months. The majority of these people are American so there are minimal visa requirements for the remaining and there would be little cultural adjustments for them.

The type of surgery required, a laminectomy, might usually require two to three months for recovery. However, due to the sedentary nature of Bhagwan's life, we are requesting that he be able to stay for four months in order to ensure complete recovery.

Bhagwan is in a great deal of pain from this back problem which is
enclosed letter from Dr. G.A. Meredith. Also
reatment in the West from
. Hardikar, the leading orthopedic

EXHIBIT

"I"

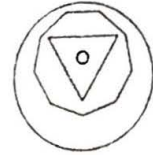
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A24 404 461

.../....

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RAJNEESH FOUNDATION

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TELEPHONES: 28127, 20981, 20982 TELIX 0145-421 TAO GRAM: TATHATA



- 2 -

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in all related correspondence.

Everyone is very concerned about the best possible treatment for him and things are already set up in Montclair, New Jersey, for Bhagwan and those accompanying him. There is no other center which has the necessary people, land and medical specialists available. It would take months and months to try to arrange facilities of this sort anywhere else in the world, and even then it may not be possible.

In addition to this back problem, Bhagwan has diabetes and asthma. His surroundings must be scentless and carefully maintained; these we have been arranging here for years. Any scents can set off an asthma attack which can have serious consequences.

We have already tried the best medical care possible here in India, including having Dr. James Cyriax, one of the world's leading orthopedic physicians, flown in from London for consultation without success. Enclosed is a letter Dr. Cyriax wrote to Bhagwan after his return to England in which he expressed his hope that the treatment he rendered had been successful; unfortunately, it has not. The problem continues and is growing worse daily which is why we are urgently requesting a visa to America on medical grounds, where all facilities are prepared to receive Bhagwan and those travelling with him for this four month period.

We express our sincere thanks to you for your help and consideration in this situation.

His blessings,

.....
Ma Yoga Laxmi,
Managing Trustee

Encs.

NONIMMIGRANT VISA APPLICATION

PART I

IMPORTANT: ALL APPLICANTS MUST READ AND ANSWER THE FOLLOWING:

(1) U.S. law prohibits the issuance of a visitor visa to persons who plan to remain in the United States indefinitely or who will accept employment there. A VISITOR MAY NOT WORK.

(2) A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Complete information regarding these categories and whether any may be applicable to you can be obtained from this office. Generally, they include persons afflicted with contagious diseases (such as tuberculosis) or who have suffered serious mental illness; persons with criminal records involving offenses of certain kinds, including offenses against public morals; narcotic addicts or traffickers; persons who have been deported from the U.S.A.; persons who have sought to obtain a visa by means of misrepresentation or fraud; and persons who are, or have been members of certain organizations, including communist organizations and those proscribed therewith.

DO ANY OF THE FOREGOING RESTRICTIONS APPLY TO YOU? **NO**

YES NO

If YES, or if you have any question in this regard, personal appearance at this office is recommended. If it is not possible at this time, attach a statement of facts in your case to this application.

PART II

PLEASE PRINT THE FOLLOWING INFORMATION

1. LAST NAME		FIRST NAME		MIDDLE NAME	
RAJNEESH		BHAGWAN		SHREE	
2. OTHER NAMES (Maiden, Professional, Religious, Aliases)			3. NATIONALITY		
RAJNEESH MOHAN CHANDRA			INDIAN		
4. DATE OF BIRTH (Month, day, year)			5. PLACE OF BIRTH (City, State, Country)		
12.11.31			KUTCHWADAD, M.P. INDIA		
6. PASSPORT NUMBER		7. DATE PASSPORT ISSUED	8. DATE PASSPORT EXPIRES	9. PASSPORT ISSUED AT	
R 141267		5.13.81	5.12.86	BOMBAY	

DO NOT WRITE IN THIS SPACE

B-1, B-2, OTHER _____

MULTIPLE OR _____ APPLICATIONS **013748**

INDEF. 48 MOS. OR _____ MOS.

LO _____ VISA NO. _____

ISSUED/REFUSED ON _____

REFUSED: SECTION _____ INA _____

REVIEWED BY _____

Consulate General
Bombay, India
and consular
Consular Officer

10. RESIDENTIAL ADDRESS (Include apartment number and postal zone)		11. HAVE YOU EVER APPLIED FOR A UNITED STATES VISA OF ANY KIND? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, state where, when and type of visa)	
17 KOREGAON PARK, POONA 411 001			
Home Telephone Number: POONA 28127			
12. NAME AND ADDRESS OF EMPLOYER OR SCHOOL		13. INDICATE WHETHER:	
RELIGIOUS TEACHER MINISTER (RAJNEESH FOUNDATION) (CHIDVILAS R.M.C.)		<input type="checkbox"/> Visa was granted <input type="checkbox"/> Visa was refused <input type="checkbox"/> Application was abandoned <input type="checkbox"/> Application was withdrawn	
Business Telephone Number:			
14. HAS YOUR U.S. VISA EVER BEEN CANCELED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. HAVE YOU EVER BEEN THE BENEFICIARY OF AN IMMIGRANT VISA PETITION OR INDICATED TO A U.S. CONSULAR OFFICER A DESIRE TO IMMIGRATE TO THE U.S.A.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. HAVE YOU EVER BEEN IN THE UNITED STATES? (If YES, when and for how long?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

OPTIONAL FORM 156 (Rev. 2-76)

(This form is free of charge)

COMPLETE ALL QUESTIONS ON REVERSE OF FORM →

EXHIBIT

POO 4/28/82
A24 404 461

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17. PRESENT PROFESSION OR OCCUPATION (If retired, state past profession) RELIGIOUS TEACHER		18. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	19. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated						
20. COLOR OF HAIR GREY	21. COLOR OF EYES BROWN	22. HEIGHT 1m 65cm	23. COMPLEXION OLIVE						
24. MARKS OF IDENTIFICATION RIGHT EYEBROW		25. WHAT IS THE PURPOSE OF YOUR TRIP? HEALTH REASONS							
26. HOW LONG DO YOU PLAN TO STAY IN U.S.A? 4 MONTHS		27. AT WHAT ADDRESS WILL YOU RESIDE IN THE U.S.A? CHIDVILAS R.M.C. Kipp's Castle, 2nd Crestmont Verona, New Jersey tel. 201-744-4085							
28. NAME, RELATIONSHIP, AND ADDRESS OF SPONSOR, SCHOOL, OR FIRM IN U.S.A. CHIDVILAS R.M.C. 154 VALLEY ROAD, MONTCLAIR, NEW JERSEY.		29. WHEN DO YOU INTEND TO ARRIVE IN THE U.S.A? AS SOON AS POSSIBLE							
30. DO YOU INTEND TO WORK OR STUDY IN THE U.S.A? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. WHO WILL PAY FOR YOUR TICKETS TO LEAVE THE U.S.A. AT THE END OF YOUR TEMPORARY VISIT? CHIDVILAS R.M.C.							
32. WHO WILL FURNISH FINANCIAL SUPPORT? CHIDVILAS R.M.C.*		33. HOW MUCH MONEY WILL YOU TAKE? SEE ATTACHED							
34. ARE ANY OF THE FOLLOWING IN THE U.S.A? (If YES, what is their status, i.e., student, working, etc.)									
<input type="checkbox"/> HUSBAND/WIFE <input checked="" type="checkbox"/> NO <input type="checkbox"/> FIANCE/FIANCÉE <input type="checkbox"/> BROTHER/SISTER <input type="checkbox"/> FATHER/MOTHER <input type="checkbox"/> SON/DAUGHTER									
35. NAMES AND RELATIONSHIPS OF PERSONS TRAVELING WITH YOU SHEELA SILVERMAN - AKA MA ANAND SHEELA. MA YOGA SUSHILA TRIBE		36. HOW LONG HAVE YOU LIVED IN THIS COUNTRY? (Country where you are applying for nonimmigration visa) NEVER							
37. PLEASE LIST THE COUNTRIES WHERE YOU HAVE LIVED FOR MORE THAN SIX MONTHS DURING THE PAST FIVE YEARS									
<table border="1"> <thead> <tr> <th>Countries</th> <th>Cities</th> <th>Approximate Dates</th> </tr> </thead> <tbody> <tr> <td colspan="3">ONLY INDIA</td> </tr> </tbody> </table>				Countries	Cities	Approximate Dates	ONLY INDIA		
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ONLY INDIA									
38. TO WHICH ADDRESS DO YOU WISH YOUR VISA AND PASSPORT SENT? TO BE PICKED UP AT U.S. CONSULATE, BOMBAY.									

Consulate General
Bombay, India
and compared
John O'Leary
Consular Officer

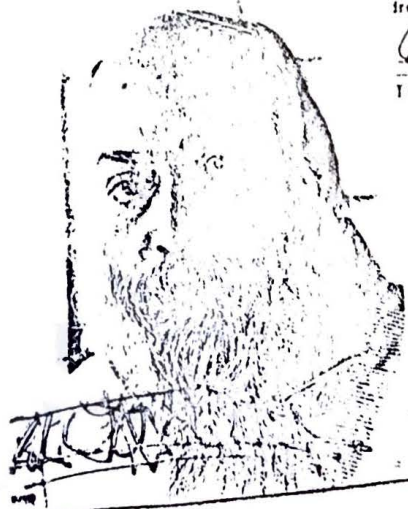
39. I certify that I have read and understood all the questions set forth in this application, and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that possession of a visa does not entitle the bearer to enter the United States of America upon arrival at a port of entry if he or she is found inadmissible.

DEC 31 1981

DATE OF APPLICATION **MAY 20TH 1981**

APPLICANT'S SIGNATURE *Sheel Silverman*
I by a travel agency or another person in your behalf, the travel agency or person with appropriate signature of
Sheel Silverman

I WRITE IN THIS SPACE



17. PRESENT PROFESSION OR OCCUPATION (If retired, state past profession) RELIGIOUS TEACHER		18. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	19. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated						
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DATE OF APPLICATION **MAY 20TH 1981**

APPLICANT'S SIGNATURE

(Signature)
I, by a travel agency or another person in your behalf, the travel agency or person with appropriate signature of
(Signature)

WRITE IN THIS SPACE



Consulate General
Bombay, India
and compared
(Signature)
Consular Officer

DEC 31 1981