

YOGA VIDYA PRANIC HEALING FOUNDATION OF KARNATAKA



“ Ram Villa”, # 21 / 10A, Craig Park Layout, M.G. Road,
Bengaluru - 560 001.

Tele: 91-80-2558 3749, 2559 9300 Fax: 2558 3749

Email: yvphk@pranichealingkarnataka.com

Website: www.pranichealingkarnataka.com

**IMPORTANT – PLEASE FILL IN THIS FORM COMPLETELY
(PLEASE USE BLOCK LETTERS)**

Please affix a recent
passport size photograph
here.

APPLYING FOR

- Arhatic Yoga Preparatory
- Pranic Crystal Healing
- Psychic Self Defense
- Others (Please specify)

Name : _____

Age : _____ Gender [M/F]: _____ Marital Status [Single /Married]: _____

No. Of Children (if applicable) : _____ Occupation : _____

Mailing Address (*complete details with pin code*)

Tele / Mob / Fax No (with code): _____

Email : _____

Details of Pranic Healing Courses you have taken:

COURSE	PLACE CONDUCTED	NAME OF INSTRUCTOR	YEAR AND DATE
Basic Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			
Acheiving Oneness With The Higher Soul			

- Do you smoke? Regularly / Rarely / Never
- Do you drink or take hallucinogenic drugs? Regularly / Rarely / Never
- Do you gamble? Regularly / Rarely / Never
- Have you ever been hospitalised for psychiatric or mental treatment? Yes / No

- Have you ever had psychotherapy that was not successful? Yes / No
- Please write the details of all ailments you have (however trivial they may be)
- What other programs of personal growth / meditation have you attended?
- Why do you want to attend this seminar?
- How many hours of pranic healing do you do in a week?(Mention place(s) where you do healing)

How often do you practice the following?(Answer only if applicable)

(Please answer with one of the following: **Daily / Twice a week / Thrice a week / Weekly / Twice a month / Thrice a month / Monthly**)

1. Meditation on Twin Hearts
 - a) Meditation on Twin Hearts Peace & Illumination -
 - b) Meditation on Twin Hearts with Self Healing -
 - c) Meditation on Twin Hearts with Chakral Healing -
2. Meditation on the Soul -
3. Physical and breathing exercises -
4. Sublimation of sex energy -
5. Any other meditation? -
6. Names of recommended books you have read (as given in Basic book – ASAPH)

DECLARATION

I am participating in this seminar at my own risk and of my own free will. I take full responsibility for participating in this programme. I release all instructors, all organisers and assistants of this seminar from all damages whatsoever and waive all rights to compensation on care of injury. I declare that i am physically, and mentally able to participate in this seminar and will keep confidential all the proceedings. I verify that the information given above is true to best of my knowledge.

I am enclosing cash / DD / Cheque No. _____ Dated _____ drawn on (name of the Bank) _____ for Rs. _____ being the fees for participation in this seminar.

Place : _____

Date : _____

Signature

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VOW OF SECRECY

I, (name) _____ having had the privilege
of being accepted as a student in **MASTER CHOA KOK SUI'S** (*specify Course name*)
_____ course, do solemnly swear to keep Secret and Confidential, all
the sacred teachings taught in the said course.

On my Honour, I sincerely promise to preserve these teachings in their purest form, and practice them in the proper
and correct manner, guided by the Golden Rules and the practice of the Five Arhatic Virtues taught by Master Choa
Kok Sui. I also promise to prevent misuse or incorrect practice of these teachings by persons who have not been
adequately instructed.

With the Lord God as my witness, and my Higher Self as my guide, I shall uphold this Vow of Secrecy and I will not
divulge to anybody, under any circumstances, verbally or through the reproduction of written material, or through some
other from, in whole or in part, any of the teachings, principles and techniques from the **MASTER CHOA KOK SUI'S**
(*specify course name*) _____ course.

I make this solemn vow freely and voluntarily, with no mental reservation or purpose of evasion. I hereby affix my
signature this (*mention date*) _____ in (*name of city*) _____ India.

SIGNATURE

NAME

DATE AND PLACE