

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 (specify level)

• Higher Clairvoyance

• Others (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			
Arhatic Yoga Preparatory			
Arhatic Yoga Higher Level (Specify Level)			

• 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)

How often do you practice the following?

(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 -
2. Meditation on the Higher Soul -
3. Meditation on Inner Breath -
4. Arhatic Dhyan -
5. Arhatic Yoga Level _____ -
6. Any other meditations(specify) -
7. Physical and breathing exercises -
8. Sublimation of Sex Energy -
9. Character Building -
10. Inner Reflection & Firm Resolution -

How many hours of services do you do in a week ?*(Please mention the place(s) where you do the service)*

How often do you tithe to a pranic healing organisation? - Weekly / Monthly / Quarterly / Annually

Which pranic healing organisations do you tithe/donate to? - Mulshi Ashram / All India Foundation / World Foundation / Local Foundation / Association

Names of recommended books you have read (as given in the Basic book or Arhatic Notes)

Which other courses of Master Choa Kok Sui have you attended?
(E.g. Pranic Crystal Healing, Pranic Feng Shui etc.,)

What other programs of personal growth / meditation have you attended?

Why do you want to attend this seminar?

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

TITHING RECORD

Please tick only, amount need not be mentioned.

Month	Local Association	Local Foundation	All India Foundation	World Foundation & Ashram	Others (specify name of organization)
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

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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