

# 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](mailto:yvphk@pranichealingkarnataka.com)

Website: [www.pranichealingkarnataka.com](http://www.pranichealingkarnataka.com)

## IMPORTANT - PLEASE FILL IN THIS FORM COMPLETELY ( PLEASE USE BLOCK LETTERS)

- Basic Pranic Healing                       Pranic Psychotherapy                       Others (Please specify)  
 Advanced Pranic Healing                       Acheiving Oneness with Higher Soul

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_

Complete Mailing Address (please mention the pincode):

\_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Details of Pranic Healing courses completed (please fill in information if applicable)

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

- Details of other programmes of personal growth, therapy or meditation that you have attended:

- Have you ever been hospitalised for psychiatric or mental treatment?                      YES/NO

- Have you ever been in psychotherapy that was not successful?                      YES/NO

- Do you smoke or drink or take hallucinogenic drugs?                      YES/NO

- Please give details of all physical ailments, however trivial:

●

- How did you hear about this course?

- What are you looking for from this course / What made you decide to attend this course? (to learn to heal, for spiritual development, others)?

- Would you like to be included in our email list?                      YES/NO

### DECLARATION

I am participating in this seminar at my own risk and of my own will. I take full responsibility for participating in this programme. I release all instructors, organisers and assistants of this seminar and Yoga Vidya Pranic Healing Foundation of Karnataka from all damages whatsoever and waive all rights to compensation on care of injury: I declare that I am physically, emotionally and mentally able to participate in this seminar and will keep confidential the proceedings.

Place:

Date:

Signature of Participant