



IMPORTANT – PLEASE FILL IN THIS FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE ACCEPTED. (PLEASE USE BLOCK LETTERS ONLY)

Applying for: Arhatic Yoga: Preparatory Level/ Level 1

Full Name: _____

Age: _____

Sex: _____

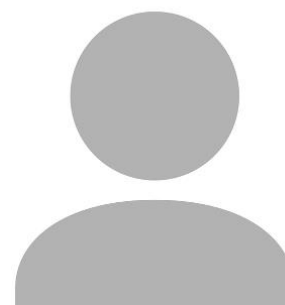
Telephone number: _____

Mobile number: _____

E-mail: _____

Residential Address:
(complete mailing address with pin code) _____

Photography



Current face photo, must not be older than 3 months. (Right-click the photo and choose **Change Picture > This Device**)

Details of Pranic Healing Courses you have taken:

Course	Place Conducted	Year and Date
Basic Pranic Healing		
Advanced Pranic Healing		
Pranic Psychotherapy		
Arhatic Yoga (if applicable, please give details of all levels you have taken)		

MARK MATCHES IN BOLD						
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 details of all ailments you have had or have (however trivial they may be)						
How often do you practice the following? <i>(Applicants who have not attended Arhatic Yoga need to answer only questions 1, 2 and 6 – please do not answer the other questions)</i>						
Meditation on Twin Hearts	Daily	Every other day	Weekly	Thrice a Month	Twice a Month	Monthly
Meditation on the Soul			Weekly	Thrice a Month	Twice a Month	Monthly
Meditation on the Inner Breath			Weekly	Thrice a Month	Twice a Month	Monthly
Arhatic Dhyana			Weekly	Thrice a Month	Twice a Month	Monthly
Arhatic Yoga: Level (specify)			Weekly	Thrice a Month	Twice a Month	Monthly
Any other meditations (specify)	Daily	Every other day	Weekly	Thrice a Month	Twice a Month	Monthly
Physical and breathing exercises	Twice per Day	Daily		Thrice a week	Twice a week	Weekly
Sublimation of Sex Energy		Daily		Thrice a week	Twice a week	Weekly
Character Building		Daily		Thrice a week	Twice a week	Weekly
How many hours of pranic healing service / healing do you do in a week? <i>(Please mention the place(s) where you do the service)</i>						
How often do you donate/ tithe to a pranic healing organisation?	Monthly	Once in two months	Quartaly			
Which pranic healing organisations do you tithe/ donate to?						
Names of recommended books you have read? <i>(As given in the Basic book or Arhatic Notes)</i>						
Which other courses of Master Choa Kok Sui have you attended? <i>(E.g. Crystal Healing, Feng Shui etc.)</i>						
What other programs of personal growth / meditation have you attended?						
Why do you want to attend this seminar?						

DISCLAIMER

I am participating in this Seminar at my own risk and my own free will. I take full responsibility for participating in this programme. I release the instructors, all organisers and assistants of this seminar from all damage 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.

DATE: _____ SIGNATURE: _____

PLACE: _____

(You can attach an electronic copy of the signature.)

VOW OF SECRECY

I, (*name*) _____ having had the privilege of being accepted as a student in **MASTER CHOA KOK SUI'S Arhatic Yoga: Preparatory Level / Level 1** 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 sacred 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 form, in whole or in part, any of the teachings, principles and techniques from the **MASTER CHOA KOK SUI'S Arhatic Yoga: Preparatory Level / Level 1** course.

I make this solemn vow freely and voluntarily, with no mental reservation or purpose of evasion.

I hereby affix my signature.

DATE: _____

SIGNATURE: _____

(You can attach an electronic copy of the signature.)

CITY AND
COUNTRY: _____

FULL NAME: _____