



**Institute for Inner Studies, Inc.
PRANIC HEALERS CERTIFICATION PROGRAM
ASSOCIATE PRANIC HEALER
Application Form**

PERSONAL BACKGROUND

DATE: _____

First Name	Last Name	M.I.	Sex
Street			
City	Country	Pin Code	
Occupation	Educational Background	Status	
Office Phone	Residence Phone	Mobile Phone	
Fax	Email Address		
PRANIC HEALING CENTER / FOUNDATION, COUNTRY			
SIGNATURE			

MCKS COURSES	Date	Place	Instructor
Basic Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			
Review			

****In case of review, please attach the copy of Associate Pranic Healing Certificate**

CHECK LIST	Date Paid
Apprenticeship Fee	
Full Payment of Apprenticeship Fee	
Certification & Processing Fee	

DOCUMENTED CASES/REQMTS	Date Completed	Reviewed & Validated By:
10 Simple cases		
10 Advanced cases		
5 Psychotherapy cases		
Practical & Oral Exams		
Written Exam		
Practicals & Training(6 months)		

RECOMMENDED BY:	Date	Name	Signature
Pranic Healing Trainer			
PH Certification Mentor			
Master Pranic Healer			

APPROVED BY:	Date	Name	Signature
PHCP Coordinator (IISI)			
GMCKS			

CERTIFICATE MAILED			
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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 in case 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 the best of my knowledge.

I am enclosing cash/ DD for Rs. _____ for participating in the seminar. (DD/ Cheque No. _____ Bank: _____ Dated: _____ (DD/ Cheque shall be in favor of "MCKS YOGA VIDYA PRANIC HEALING FOUNDATION TRUST TAMIL NADU", payable at Chennai.)

Date: _____

Place: _____

Signature: _____

(Forms will be considered incomplete without photo, certificate copy & signatures. Reviewers without certificate copy will be considered as fresher.)

For office Use Only

Form received on :

Cash/ Cheque/ DD(Amount) :

Receipt No :

Bank Name& cheque/DD No. :

Order No. :