



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

**PERSONAL BACKGROUND**

**DATE:** \_\_\_\_\_

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

<b>MCKS COURSES</b>	<b>Date</b>	<b>Place</b>	<b>Instructor</b>
Basic Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			

<b>CHECK LIST</b>	<b>Date Paid</b>
Apprenticeship Fee	
Full Payment of Apprenticeship Fee	
Certification & Processing Fee	

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

<b>RECOMMENDED BY:</b>	<b>Date</b>	<b>Name</b>	<b>Signature</b>
Pranic Healing Trainer			
PH Certification Mentor			
Master Pranic Healer			

<b>APPROVED BY:</b>	Date	Name	Signature
PHCP Coordinator (IISI)			
GMCKS			

<b>CERTIFICATE MAILED</b>			
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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. :**