



REGISTRATION FORM

APPLY/ REVIEW:

Date: _____

Basic Pranic Healing () Advanced Pranic Healing () Pranic Psychotherapy ()

Achieving Oneness () Pranic Crystal Healing () Psychic Self Defense ()

Name: _____

DOB: _____ Gender [M/F]: _____ Marital Status [Single/ Married]

No. of Children (If Applicable) _____ Occupation: _____

Complete Mailing Address: _____

Tel: _____ Fax: _____ Mobile: _____

E-mail: _____

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

Course	Foundation	Name of Trainer	Year & Date
Basic Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			
Review			

*In case of review, please attach a copy of the concerned certificate that you are reviewing.

- Have you ever been hospitalized for psychiatric or mental treatment: **Yes/No**

- Do you smoke: **Yes/No**

- Do you drink: **Yes/ No**

- Have you taken hallucinogenic drugs: **Yes/No**

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



MCKS YOGA VIDYA PRANIC
HEALING FOUNDATION TRUST - TAMIL NADU

What are you looking for from this course/what made you decide to attend this course:

To learn/ To heal/ For spiritual growth/ Any other reason)

Would you like to be added in our email list: **Yes/No**

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 organizers 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.

PLEDGE: I will not teach Pranic Healing to anyone, unless I am specially trained and authorized to do so by the MCKS Yoga Vidya Pranic Healing Foundation Trust - TN.

SIGNATURE

TRAINER NAME _____ **CERTIFICATE ID No:** _____