



MCKS YOGA VIDYA PRANIC
HEALING FOUNDATION TRUST - TAMIL NADU

APPLICATION FORM FOR ARHATIC YOGA

Name: _____

DOB: _____ Gender [M/F]: _____

Marital Status [Single/ Married]

No. of Children (If Applicable) _____

Occupation: _____

Complete Mailing Address: _____

Tel: _____ Fax: _____ Mobile: _____

E-mail: _____

Please affix
your recent
photo

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			
Achieving Oneness			
Review			

*In case of review, Please attach the Arhatic Prep II course certificate copy





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	Daily	Weekly	Twice a week	Thrice a week	Monthly	Twice a month	Thrice a month
Meditation on Twin Hearts							
Meditation on Twin Hearts Peace & illumination							
Meditation on Twin Hearts with Self Healing							
Meditation on Twin Hearts with Chakral Healing							
Meditation on the Soul							
Physical and Breathing exercises							
Sublimation of sex energy							

Any other meditation (please specify)

Name of recommended books you have read in the last 12 months: (As given in the Basic book or Arhatic notes)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



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.

I am enclosing cash/ DD for Rs _____ for participating in this seminar.
(DD/ Cheque No. _____ Bank _____ Dated _____)
(DD/Cheque shall be in favor of "MCKS Yoga Vidya Pranic Healing Foundation Trust - TN", 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) : _____

Bank Name & cheque/DD No. : _____

Receipt No : _____

Certificate No. : _____





VOW OF SECRECY

I (name _____) have had the privilege of being accepted as a student in MASTER CHO KOK SUI'S (Specify Course Name) _____ 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 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 (Specify course name) _____ Course.

I make this solemn vow freely and voluntarily, with no mental reservation or purpose of evasion. I hereby affix my signature this (mention date) _____ in (name of city) _____ India.

SIGNATURE

NAME

DATE AND PLACE