



MCKS YOGA VIDYA PRANIK  
HEALING FOUNDATION TRUST - TAMIL NADU

**APPLICATION FORM FOR ARHATIC YOGA LEVEL 1, 2, 3 AND ABOVE COURSES**

**APPLY/ REVIEW:**

Date: \_\_\_\_\_

Arhatic Yoga Level \_\_\_\_\_ Last AY Level taken: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_ Copy of certificate enclosed: ( )Yes ( )No

Approved by Trustee- Name: _____ Comments: _____ _____ Signature _____
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Please affix  
your recent  
photo

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			
Achieving Oneness			
Arhatic Yoga			
Preparatory			
Level 1			
Level 2			
Level 3.1			
Level 3.2			
Review			

\*In case of review, Please attach the Level1/Level 2 Certificate copies





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How often do you practice the following? (Please Specify Frequency of Practice)

Pillar No. 1	Daily	Weekly	Thrice a week	Twice a month	Remarks
Arhatic Invocation					
Sharanagati					

Pillar No. 2	Daily	Weekly	Thrice a week	Twice a month	Remarks
Physical & Breathing Exercises					
Inner Reflection firm Resolution					
Blue Triangle					

Pillar No. 3	Weekly	Thrice a week	Twice a month	Remarks
Meditation on Twin Hearts				
Meditation on the Inner Breath				
Meditation on the soul (Blue Pearl)				
Arhatic Dhyaan				
Arhatic Yoga Level _____ (specify)				
Any other Meditation (specify)				
Sublimation of Sex energy				

**Pillar No. 4**

Service: ( ) 3 Hours ( ) If more specify \_\_\_\_\_

Place(s) where you do the service:

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### Tithing

1. Average Amount Donated Per Month Rs. \_\_\_\_\_

( ) MCKS Trust Fund ( ) World Pranic Healing Foundation India (Ashram)

( ) Local food for the Hungry Foundation ( ) Others: Karmic Obligations

### Pillar No. 5

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. \_\_\_\_\_

Which other courses of Master Choa Kok Sui have you attended? (Eg: Crystal Healing, Feng Shui, etc)

\_\_\_\_\_  
\_\_\_\_\_

What other programs of personal growth/ meditation have you attended?

\_\_\_\_\_  
\_\_\_\_\_



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**TITHING RECORD**

Month	Local Foundation	MCKS Trust Fund & FFH	WPHI & Ashram	Others
<b>Year _____</b>				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
<b>Year _____</b>				
January				
February				
March				
April				
May				
June				
July				
August				
September				





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**TITHING RECORD**

Month	Local Foundation	MCKS Trust Fund & FFH	WPHI & Ashram	Others
<b>Year _____</b>				
October				
November				
December				
<b>Year _____</b>				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				





VOW OF SECRECY

I (name \_\_\_\_\_) have had the privilege of being accepted as a student in MASTER CHOA 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