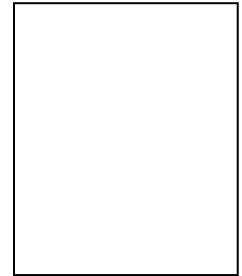




(Affiliated to World Pranic Healing India Pvt. Ltd., & IIS Manila)

TEACHER TRAINING COURSE (TTC) APPLICATION
IMPORTANT - PLEASE FILL THE FORM COMPLETELY-USE BLOCK LETTERS



Name: _____

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

No. of Children (if applicable): _____ Occupation: _____

Mailing Address (Complete Details with Pincode)

Telephone: _____ Mobile No. _____

Email: _____

Details of Pranic Healing Course you have taken:

COURSE PLACE HELD	TRAINER	YEAR & DATE
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Basic Pranic Healing	_____	_____
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Advance Pranic healing	_____	_____
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Pranic Psychotherapy	_____	_____
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Arhatic Prep I	_____	_____
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Arhatic Prep II	_____	_____
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Have you done other GMCKS courses: Crystal healing / Psychic Self Defense / OMPH /
Hinduism revealed / Spiritual essence of Man/Buddhism revealed / SBM / Kriya shakthi

Why do you want to attend this seminar? _____

How many hours of Pranic healing do you do in a week? (Mention place(s) where you do healing)

How often do you practice the following? (*Answer only if applicable*)

(Please tick the appropriate)

1. **Meditation on Twin Hearts** Daily / Twice a Week / Thrice a week / Weekly

2. **Meditation on the Soul** Daily / Twice a Week / Thrice a week / Weekly

3. **Arhatic Dhyan** Daily / Twice a Week / Thrice a week / Weekly

4. **Arhatic Inner Breath** Daily / Twice a Week / Thrice a week / Weekly

5. **Physical and breathing exercises** Daily / Twice a Week / Thrice a week / Weekly

6. **Character Building** Daily / Twice a Week / Thrice a week / Weekly

7. **Sublimation of sex energy** Daily / Twice a Week / Thrice a week / Weekly

8. **Any other meditation?** _____ Daily / Twice a Week / Thrice a week / Weekly

9. **Names of recommended books you have read (as given in Basic book)**

DECLARATION

I am participating in this seminar at m own risk and of my own free will. I take full responsibility for participating in this program. I release all instructors, all organizers and assistants of this seminar from all damages whatsoever and waive all rights to compensation on 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 best of my knowledge.

I am enclosing cash Rs _____ for participating in this seminar.

Place: _____

Date: _____

Signature: _____

For office Use Only

Form received on :

Cash/ Cheque/ DD(Amount) :

Bank Name& cheque/DD No. :

Receipt No :

Order No. :



TEACHER TRAINING COURSE (TTC) APPLICATION **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 from, 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 & PLACE