



**PRANIC FACIAL AND BODY SCULPTING**

**NAME: (in CAPITALS):** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **GENDER [M/F]:** \_\_\_\_\_ **MARITAL STATUS [Single/Married]:** \_\_\_\_\_

**MAILING ADDRESS:** (Complete details with pin code) \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_ **Landline No.** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Details of Pranic Healing Courses you have taken:**

Course	Place Conducted	Trainer	Year & Date
Basic Pranic Healing			
Advance Pranic Healing			
Pranic Psychotherapy			
Pranic Crystal Healing			

\*\*Photocopy of Pranic Crystal Healing I should be attached.

**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. :**



**VOW OF SECRECY**

I, (name) \_\_\_\_\_

having 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 this 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 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 this course.

I make this solemn vow freely and voluntarily with no mental reservation or purpose of evasion. I hereby affix my signature

Date: \_\_\_\_\_ in (City) \_\_\_\_\_, India .Signature: \_\_\_\_\_

**Address:** Ac-11/145, 2nd Avenue, Anna Nagar, Chennai, Tamil Nadu

**Website:** [www.mckspranichealingtn.com](http://www.mckspranichealingtn.com)

**Phone:** 04426213528