



REGISTRATION FORM

Date: _____

APPLY/ REVIEW: (Eligibility: Basic Pranic Healing)

Om Mani Padme Hum () The Spiritual Essence of Man () Buddhism Revealed ()
Hinduism revealed () Christianity Revealed () Spiritual Business Management ()
Lord's Prayer ()

APPLY/ REVIEW:

Pranic Feng Shui (Eligibility: Advanced Pranic Healing) ()

Kriyashakti (Eligibility: 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: _____

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			
Arhatic Prep			

Review

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



MCKS YOGA VIDYA PRANIC
HEALING FOUNDATION TRUST - TAMIL NADU

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 and solemnly swear to keep secret and confidential all the sacred teachings taught in the said course, to anyone, unless I am specially trained and authorized to do so by the MCKS Yoga Vidya Pranic Healing Foundation Trust - TN.

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

For office Use Only

Receipt No : _____

Certificate No : _____