

# PRANIC HEALING TRUST TAMIL NADU

(40-B, Diwakar street, Bharani colony, Saligramam, Chennai – 600093)

Affiliated to World Pranic Healing Foundation Pvt. Ltd., & IIS, Manila

Applying For (pl. tick the appropriate box)

• ARHATIC YOGA PREP -II

Fresher

Reviewer

Pl paste your recent Photo

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender [M/F]: \_\_\_\_\_ Marital Status [Single /Married]: \_\_\_\_\_

No. Of Children ( if applicable ) : \_\_\_\_\_ Occupation : \_\_\_\_\_

Mailing Address (Complete details with pin code)

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

Mobile No.: \_\_\_\_\_ Land Line No. : \_\_\_\_\_

Email : \_\_\_\_\_

Details of Pranic Healing Courses you have taken: (Pl. attach Certificate copies)

Course	Place Conducted	Trainer	Year & Date
Basic Pranic Healing			
Advance Pranic Healing			
Pranic Psychotherapy			
Achieving oneness with Higher Soul			
Arhatic Prep II (For reviewers)			

## 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 this seminar.

(DD/Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_ Dated \_\_\_\_\_ )

(DD/Cheque shall be in favour of "PRANIC HEALING TRUST TAMIL NADU", payable at Chennai.)

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

Place : \_\_\_\_\_

Signature

(Forms will be considered incomplete without photo, certificate copy & signatures. Reviewers without prepII 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. :

**Pl. fill the below carefully**

Do you Smoke?	Regularly /	Rarely / Never
Do you Drink?	Regularly /	Rarely / Never
Do you take hallucinogenic drugs?	Regularly /	Rarely / Never
Do you gamble?	Regularly /	Rarely / Never

Have you been hospitalized for psychiatric or mental disorder? Yes / No

Have you ever had a psychotherapy that was not successful? Yes / No

Pl. state the details of ailment you had (however trivial it may be) \_\_\_\_\_

What other personal development program/ Meditation have you attended? \_\_\_\_\_

How many hours of Pranichealing do you do in a week: \_\_\_\_\_ Place: \_\_\_\_\_

How often you practice the following (Pl. Tick appropriate)

- |                              |  |
|------------------------------|--|
| 1. Physical Exercises        | Daily / Twice a week/ Thrice a week / Twice a month/ monthly |
| 2. Breathing Exercises       | Daily / Twice a week/ Thrice a week / Twice a month/ monthly |
| 3. Meditation on Twin heart  | Daily / Twice a week/ Thrice a week / Twice a month/ monthly |
| 4. Meditation on Soul        | Daily / Twice a week/ Thrice a week / Twice a month/ monthly |
| 5. Sublimation of Sex Energy | Daily / Twice a week/ Thrice a week / Twice a month/ monthly |
| 6. Lords Prayer              | Daily / Twice a week/ Thrice a week / Twice a month/ monthly |
| 7. Any other Meditation      | Daily / Twice a week/ Thrice a week / Twice a month/ monthly |

Names of Recommended books you have read (as given in Basic Book) : \_\_\_\_\_

Why do you want to attend to this seminar ? \_\_\_\_\_

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## 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 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 **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