

PRANIC HEALING TRUST TAMIL NADU

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

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

ARHATIC YOGA RETREAT – CHENNAI 2012

Applying For (pl. tick the appropriate box)

- GENERAL RETREAT GENERAL, L 1 & 2
GENERAL & L 1, 2, 3 GENERAL & L 1,2,3,4

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			
Arhatic yoga Level 1 & 2			
Arhatic Yoga Level 3.1			
Arhatic Yoga Level 3.2			
Arhatic Yoga Level 4 & above			

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 "GMCKS ARHATIC YOGA RETREAT-2012", payable at Chennai.)

Place : _____ Date : _____

Signature

(Forms will be considered incomplete without photo, certificate copy & signatures.)

For office Use Only

Form received on :

Cash/ Cheque/ DD No & Amt :

Receipt No :

Serial No :

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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