APPLICATION FORM FOR ARHATIC YOGA LEVEL

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |   |
|  APPLYING FOR ARHATIC YOGA LEVEL |  |  |
|  |  |  |
| NAME |

|  |  |  |  |
| --- | --- | --- | --- |
| title | Last name | Fisrt name | Middle name |

 TITLE LAST NAME FIRST NAME MIDDLE NAME |

|  |  |  |
| --- | --- | --- |
| age | gender | marital\_status |

 AGE GENDER MARITAL STATUS

|  |  |
| --- | --- |
| number\_of\_children | occupation |

NUMBER OF CHILDREN OCCUPATION

I IF APPLICABLE |

|  |  |
| --- | --- |
| PLACE OF RESIDENCE | COMPLETE MAILING ADDRESS WITH ZIP CODE | | place\_of\_residence |

|  |  |
| --- | --- |
| home\_phone | email\_address |

 HOME PHONE EMAIL ADDRESS

|  |  |
| --- | --- |
| OFFICE ADDRESS | office\_address |

|  |  |
| --- | --- |
| work\_phone | work\_email\_address |

 WORK PHONE EMAIL ADDRESS

|  |  |  |
| --- | --- | --- |
| PRANIC HEALING COURSES YOU TAKEN | PLACE CONDUCTED | DATE |
| **>** | BASIC PRANIC HEALING | Fare clic o toccare qui per immettere il testo. | Fare clic o toccare qui per immettere il testo. |
| **>** | ADVANCED PRANIC HEALING | Fare clic o toccare qui per immettere il testo. | Fare clic o toccare qui per immettere il testo. |
| **>** | PRANIC PSYCHOTHERAPY | Fare clic o toccare qui per immettere il testo. | Fare clic o toccare qui per immettere il testo. |
| **>** | ARHATIC YOGAI PLEASE PROVIDE ALL THE LEVELS YOU HAVE TAKEN I | Fare clic o toccare qui per immettere il testo. | Fare clic o toccare qui per immettere il testo. |

APPLICATION FORM FOR ARHATIC YOGA LEVEL

|  |  |  |
| --- | --- | --- |
|   |  |  |
| DO YOU SMOKE? | [ ]  REGULARLY [ ]  RARELY [ ]  NEVER |
|  |  |
| DO YOU DRINK OR TAKE HALLUCINOGENIC DRUGS? | [ ] REGULARLY [ ]  RARELY [ ]  NEVER |
|  |  |
| YOU GAMBLE? | [ ]  REGULARLY [ ]  RARELY [ ]  NEVER |
|  |  |
| HAVE YOU BEEN HOSPITALIZED FOR PSYCHIATRIC OR MENTAL TREATMENT? | [ ]  YES [ ]  NO |
|  |  |  |
|  | AVE YOU EVER HAD PSYCHOTHERAPY THAT WAS NOT SUCCESSFUL? | [ ]  YES [ ]  NO |
|  |  |  |
|  | PLEASE WRITE THE DETAILS OF ALL AILMENTS YOU HAVE OR HAVE HAD | HOWEVER TRIVIAL THEY MAY BE | |

|  |
| --- |
| Fare clic o toccare qui per immettere il testo. |

|  |  |  |
| --- | --- | --- |
|  | FREQUENCY OF PRACTICE |  |
|  |  |  |
| **>** | MEDITATION ON TWIN HEARTS | [ ]  DAILY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
| **>** | AY KUNDALINI MEDITATION FOR LEVEL 1 & 2 | [ ]  DAILY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
| **>** | MEDITATION ON BLUE PEARL | [ ]  DAILY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
| **>** | ARHATIC DHYAN | [ ]  DAILY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
| **>** | AY LEVEL CURRENTLY PRACTICING ( ) | [ ]  DAILY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
| **>** | PHYSICAL AND BREATHING EXERCISES | [ ]  2X A DAY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
| **>** | SEX TRANSMUTATION | [ ]  2X A DAY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
| **>** | INNER REFLECTION & FIRM RESOLUTION | [ ]  DAILY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
| **>** | BLUE TRIANGLE | [ ]  DAILY | [ ]  TWICE A WEEK | [ ]  THRICE A WEEK | [ ]  WEEKLY |
|  |  |  |
|  |  |  |
|  | HOW MANY HOURS OF SERVICE DO YOU DO IN A WEEK? I PLEASE MENTION THE PLACE(S) YOU RENDER SERVICE I |
|  |  |  |

|  |
| --- |
| service |

APPLICATION FORM FOR ARHATIC YOGA LEVEL

|  |  |  |
| --- | --- | --- |
|  | HOW OFTEN DO YOU TITHE TO A PRANIC HEALING ORGANIZATION? | [ ]  WEEKLY[ ]  MONTHLY[ ]  YEARLYEARLY |

|  |  |  |
| --- | --- | --- |
|  | WHICH PRANIC HEALING ORGANIZATION DO YOU TITHE TO? |  |

|  |  |  |
| --- | --- | --- |
|  | NAME OF FOUNDATION(S) |  Fare clic o toccare qui per immettere il testo. |
| Fare clic o toccare qui per immettere il testo. |
| Fare clic o toccare qui per immettere il testo. |
| Fare clic o toccare qui per immettere il testo. |
| Fare clic o toccare qui per immettere il testo. |

|  |  |  |
| --- | --- | --- |
|  | NAME OF ASSOCIATION(S) |  Fare clic o toccare qui per immettere il testo. |
| Fare clic o toccare qui per immettere il testo. |
| Fare clic o toccare qui per immettere il testo. |
| Fare clic o toccare qui per immettere il testo. |
| Fare clic o toccare qui per immettere il testo. |

|  |  |
| --- | --- |
|  | LIST OF RECOMMENDED BOOKS YOU HAVE READ |AS GIVEN IN THE BASIC BOOK OR ARHATIC NOTES| |
| book1 |
| book2 |
| book3 |
| book4 |

|  |
| --- |
| OTHER COURSES YOU HAVE ATTENDED OF MASTER CHOA KOK SUI |
| course1 |
| course2 |
| course3 |
| course4 |

|  |  |
| --- | --- |
|  | OTHER PROGRAMS ABOUT PERSONAL GROWTH | MEDITATIONS ATTENDED |
| program1 |
| program2 |
| program3 |
| program4 |

APPLICATION FORM FOR ARHATIC YOGA LEVEL

**DISCLAIMER**

I AM PARTICIPATING IN THIS COURSE WITH MY OWN FREE WILL. I TAKE FULL RESPONSIBILITY FOR PARTICIPATING IN THIS PROGRAMME. I RELEASE THE INSTITUTE FOR INNER STUDIES, INC., THE INSTRUCTOR, ALL ORGANIZERS AND ASSISTANTS OF THIS COURSE FROM ALL DAMAGE, WHATSOEVER AND WAIVED ALL RIGHTS TO COMPENSATION ON CARE OF INJURY.

I DECLARE THAT I AM PHYSICALLY AND MENTALLY ABLE TO PARTICIPATE IN THIS SEMINAR AND WILL KEEP CONFIDENTIAL ALL PROCEEDINGS. I VERIFY THAT THE INFORMATION GIVEN ABOVE IS THE TRUE TO BEST OF MY KNOWLEDGE.

I AM ENCLOSING CASH / DD /CHEQUE NODATED\_\_Fare clic o toccare qui per immettere il testo.\_\_\_\_\_DRAWN ON

(NAME OF THE BANK)Fare clic o toccare qui per immettere il testo.\_FOR Rs Fare clic o toccare qui per immettere il testo.
BEING THE FEES FOR PARTICIPATION IN THIS SEMINAR.

**VOW OF SECRECY**

 I,\_ MYNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAVING HAD THE PRIVILEGE OF BEING ACCEPTED

AS A STUDENT OF MASTER CHOA KOK SUI \_\_MYORAGANIZZATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COURSE, DO SOLEMNLY

SWEAR TO KEEP SECRET AND CONFIDENTIAL OF ALL THE SACRED TEACHINGS TAUGHT IN THE SAID COURSE.

ON MY HONOUR, I SINCERELY PROMISE TO PRESERVE THESE SACRED TEACHINGS IN THEIR PUREST FORM, AND PRACTICE THEM IN THE PROPER AND CORRECT MANNER, GUIDED BY THE PRINCIPLES AND PILLARS OF ARHATIC YOGA AND THE PRACTICE OF THE FIVE ARHATIC VIRTUES TAUGHT BY MASTER CHOA KOK SUI.

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 REPORDUCTION OF THE WRITTEN MATERIALS, OR THROUGH SOME OTHER FORM, IN WHOLE OR IN PART, ANY OF THE TEACHINGS, PRINCIPLES AND TECHNIQUE FROM THE MASTER CHOA KOK SUI'S (specify course

name)\_\_\_ COURSENAME\_\_\_\_\_\_\_\_\_\_\_\_COURSE.

I MAKE THIS SOLEMN VOW FREELY, VOLUNTARY, WITH NO MENTAL RESERVATION AND PURPOSE OF EVASION. I

HEREBY AFFIX MY SIGNATURE THIS (mention date)\_\_ COURSEDATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN (name of city)\_ COURSECITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
NAME \_\_\_\_\_\_\_\_Fare clic o toccare qui per immettere il testo.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_Fare clic o toccare qui per immettere una data.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_