

APPLICATION FORM FOR ARHATIC YOGA LEVEL

PHOTO

APPLYING FOR ARHATIC YOGA LEVEL

NAME	TITLE	LAST NAME	FIRST NAME	MIDDLE NAME
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AGE	GENDER	MARITAL STATUS
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NUMBER OF CHILDREN <small> IF APPLICABLE </small>	OCCUPATION
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PLACE OF RESIDENCE <small> COMPLETE MAILING ADDRESS WITH ZIP CODE </small>	
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HOME PHONE	EMAIL ADDRESS
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OFFICE ADDRESS	
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WORK PHONE	EMAIL ADDRESS
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PRANIC HEALING COURSES YOU TAKEN	PLACE CONDUCTED	DATE
> BASIC PRANIC HEALING		
> ADVANCED PRANIC HEALING		
> PRANIC PSYCHOTHERAPY		
> ARHATIC YOGA <small> PLEASE PROVIDE ALL THE LEVELS YOU HAVE TAKEN </small>		

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DO YOU SMOKE?

REGULARLY RARELY NEVER

DO YOU DRINK OR TAKE HALLUCINOGENIC DRUGS?

REGULARLY RARELY NEVER

DO YOU GAMBLE?

REGULARLY RARELY NEVER

HAVE YOU BEEN HOSPITALIZED FOR PSYCHIATRIC OR MENTAL TREATMENT?

YES NO

HAVE 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 |

FREQUENCY OF PRACTICE

> MEDITATION ON TWIN HEARTS	<input type="radio"/> DAILY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY
> AY KUNDALINI MEDITATION FOR LEVEL 1 & 2	<input type="radio"/> DAILY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY
> MEDITATION ON BLUE PEARL	<input type="radio"/> DAILY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY
> ARHATIC DHYAN	<input type="radio"/> DAILY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY
> AY LEVEL CURRENTLY PRACTICING()	<input type="radio"/> DAILY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY
> PHYSICAL AND BREATHING EXERCISES	<input type="radio"/> 2X A DAY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY
> SEX TRANSMUTATION	<input type="radio"/> 2X A DAY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY
> INNER REFLECTION & FIRM RESOLUTION	<input type="radio"/> DAILY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY
> BLUE TRIANGLE	<input type="radio"/> DAILY	<input type="radio"/> TWICE A WEEK	<input type="radio"/> THRICE A WEEK	<input type="radio"/> WEEKLY

HOW MANY HOURS OF SERVICE DO YOU DO IN A WEEK? | PLEASE MENTION THE PLACE(S) YOU RENDER SERVICE |

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HOW OFTEN DO YOU TITHE TO A PRANIC HEALING ORGANIZATION? WEEKLY MONTHLY YEARLY

WHICH PRANIC HEALING ORGANIZATION DO YOU TITHE TO?

NAME OF FOUNDATION(S)

NAME OF ASSOCIATION(S)

LIST OF RECOMMENDED BOOKS YOU HAVE READ | AS GIVEN IN THE BASIC BOOK OR ARHATIC NOTES |

OTHER COURSES YOU HAVE ATTENDED OF MASTER CHOA KOK SUI

OTHER PROGRAMS ABOUT PERSONAL GROWTH | MEDITATIONS ATTENDED

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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 NO. _____ DATED _____ DRAWN ON
(NAME OF THE BANK) _____ FOR Rs _____
BEING THE FEES FOR PARTICIPATION IN THIS SEMINAR.

VOW OF SECRECY

I, _____, HAVING HAD THE PRIVILEGE OF BEING ACCEPTED AS A STUDENT OF MASTER CHOA KOK SUI _____ 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 REPRODUCTION 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) _____ COURSE.

I MAKE THIS SOLEMN VOW FREELY, VOLUNTARY, WITH NO MENTAL RESERVATION AND PURPOSE OF EVASION. I HEREBY AFFIX MY SIGNATURE THIS (mention date) _____
IN (name of city) _____.

SIGNATURE _____

NAME _____

DATE _____