APPLYI	ING FOR ARHATIC	YOGA LEVE	iL			РНОТО	
NAME				T			
NAME	TITLE	LAS	ST NAME	FIRS	TNAME	MIDDLE NAME	
AGE	GENDER		MARITAL STAT	us			
NUMBER OF CHILDREN			OCCUPA	TION			
PLACE OF RESIDENCE COMPLETE MAILING ADDRESS WITH ZIP CODE							
Н	OME PHONE		EMAIL AD	DDRESS	<u> </u>		
OFFICE ADDRESS							
		,					
W	ORK PHONE		EMAIL AD	DDRESS			
PRANIC HEALING COURSES YOU TAKEN			PLACE CONDUCTED			DATE	
> BASIC PRANIC HEALING							
> ADVANCED PRANIC HEALING							
> PRANIC PSYCHOTHERAPY							
>	PLEASE PR	AATIC YOGA OVIDE ALL THE J HAVE TAKEN					





DO YOU SMOKE?		\bigcirc	REGULARLY	0	RARELY	\bigcirc	NEVER
DO YOU DRINK OR TAKE HALLUCINOGENIC D	DRUGS?	0	REGULARLY	0	RARELY	0	NEVER
DO YOU GAMBLE?		0	REGULARLY	0	RARELY	0	NEVER
HAVE YOU BEEN HOSPITALIZED FOR PSYCHI	ATRIC OR M	ENT	AL TREATMEN	NT?	_ O Y	ES (Ои С
HAVE YOU EVER HAD PSYCHOTHERAPY THA	T WAS NOT	SUC	CESSFUL?		_ O Y	ES (Ои С
PLEASE WRITE THE DETAILS OF ALL AILMEN	ITS YOU HAV	′E O	R HAVE HAD	HOWI	EVER TRIVIAL TH	НЕҮ МА	Y BE
FREQUENCY OF PRACTICE							
> MEDITATION ON TWIN HEARTS	O DAILY	0	TWICE A WEEK	O T	THRICE A WE	ek C) WEEKLY
> AY KUNDALINI MEDITATION FOR LEVEL 1 &2	O DAILY	\circ	TWICE A WEEK	O 1	HRICE A WE	ek C) WEEKLY
> MEDITATION ON BLUE PEARL	O DAILY	\circ	TWICE A WEEK	\bigcirc T	THRICE A WE	ek C) WEEKLY
> ARHATIC DHYAN	O DAILY	\circ	TWICE A WEEK	$\bigcirc \ ^{\intercal}$	THRICE A WE	ek C) WEEKLY
> AY LEVEL CURRENTLY PRACTICING()	O DAILY	\circ	TWICE A WEEK	$\bigcirc \ ^{\intercal}$	THRICE A WE	ek C) WEEKLY
> PHYSICAL AND BREATHING EXERCISES	O 2X A DAY	\bigcirc	TWICE A WEEK	\bigcirc T	HRICE A WE	ek C) WEEKLY
> SEX TRANSMUTATION	O 2X A DAY	\circ	TWICE A WEEK	O 1	HRICE A WE	ek C) WEEKLY
> INNER REFLECTION & FIRM RESOLUTION	O DAILY	\circ	TWICE A WEEK	O	HRICE A WE	ek C) WEEKLY
> BLUE TRIANGLE	O DAILY	\circ	TWICE A WEEK	O	HRICE A WE	ek C) WEEKLY
HOW MANY HOURS OF SERVICE DO YOU DO	IN A WEEK?	PLE	ASE MENTION THE P	LACE(S) YOU RENDER	SERVI	E





HOW OFTEN DO YOU TITHE TO A PI	RANIC HEALING ORGANIZATION? O WEEKLY O MONTHLY O YEARLY
WHICH PRANIC HE	ALING ORGANIZATION DO YOU TITHE TO?
NAME OF FOUNDATION(S)	
NAME OF ASSOCIATION(S)	
LIST OF RECOMMENDED BOOKS YO	U HAVE READ AS GIVEN IN THE BASIC BOOK OR ARHATIC NOTES
OTHER COURSES YOU HAVE ATTEN	IDED OF MASTER CHOA KOK SUI
OTTIER GOORGES TOO TIAVE ATTEN	The state of the s
OTHER PROGRAMS ABOUT PERSON	NAL GROWTH MEDITATIONS ATTENDED





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.

SOEVER AND WAIVED ALL RIGHTS TO C	COMPENSATION ON
BLE TO PARTICIPATE IN THIS SEMINA NFORMATION GIVEN ABOVE IS THE TR	
DATED	DRAWN ON
FOR Rs	
SECRECY	
, HAVING HAD THE PRIVILEGE O	
COUF E SACRED TEACHINGS TAUGHT IN THE	
THESE SACRED TEACHINGS IN THEIR F R, GUIDED BY THE PRINCIPLES AND PIL S TAUGHT BY MASTER CHOA KOK SUI.	
ELF AS MY GUIDE, I SHALL UPHOLD THIS ANY CIRCUMSTANCES, VERBALLY C OUGH SOME OTHER FORM, IN WHOLE C OM THE MASTER CHOA KOK SUI	OR THROUGH THE OR IN PART, ANY OF
NO MENTAL RESERVATION AND PURP	OSE OF EVASION.
	BLE TO PARTICIPATE IN THIS SEMINAN FORMATION GIVEN ABOVE IS THE TREATED DATED FOR RS FOR RS COUPE SACRED TEACHINGS TAUGHT IN THE RESE SACRED TEACHINGS IN THEIR FOR GUIDED BY THE PRINCIPLES AND PILES TAUGHT BY MASTER CHOA KOK SUI. BLE AS MY GUIDE, I SHALL UPHOLD THIS ANY CIRCUMSTANCES, VERBALLY COUPE SOME OTHER FORM, IN WHOLE COME THE MASTER CHOA KOK SUI. BLE AS MY GUIDE, I SHALL UPHOLD THIS ANY CIRCUMSTANCES, VERBALLY COUPE SOME OTHER FORM, IN WHOLE COME THE MASTER CHOA KOK SUI.



