



# World Pranic Healing India Private Limited

## APPLICATION FORM FOR ARHATIC YOGA **LEVEL 1**

IMPORTANT – PLEASE FILL IN THIS FORM COMPLETELY (USE BLOCK LETTERS)

Affix your recent Passport sized photo here

Arhatic Prep done: Yes / No  
Date: DD / MM / YYYY  
Certificate Copy Enclosed: Yes / No

Foundation from:


Approved by – Trustee’s Name:

Comments:

Signature:

### PERSONAL DETAILS OF THE APPLICANT

Name: \_\_\_\_\_ DOB: DD/MM/YYYY Gender:  M  F

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Designation: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:  Single  Married Aadhar Card No.: \_\_\_\_\_

### Pranic Healing Courses Completed

Course	Place Conducted	Name of Instructor	Month and Year
Basic Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			
Achieving Oneness with the Higher Soul			
Arhatic Yoga Preparatory			

Retreat Attended Yes/No (If Yes; Location & Year): \_\_\_\_\_

How often do you practice the following? (Please specify the frequency of your practice)

Pillar No. 1	Daily	Twice a week	Weekly	Twice a Month	Thrice a Month	Remarks
Arhatic Invocation						
Sharanagati						

Pillar No. 2	Daily	Twice a week	Weekly	Twice a Month	Thrice a Month	Remarks
Physical & Breathing Exercises & Super Brain Yoga						
Inner Reflection Firm Resolution						
Blue Triangle						

Pillar No. 3	Twice a week	Weekly	Twice a Month	Thrice a Month	Remarks
Meditation on Twin Hearts					
Arhatic Kundalini Meditation					
Meditation on the Soul (Blue Pearl)					
Arhatic Dhyana					
Any other Meditation (if any)					
Sublimation of Sex Energy					

Pillar No. 4

Service:  3 Hours If more, specify: \_\_\_\_\_

Place(s) where you have done service: \_\_\_\_\_

Provide Details of What & How the service was done (attach an extra page if required): \_\_\_\_\_

Tithing: Average amount donated per month (INR): \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> MCKS Trust Fund                      | <input type="checkbox"/> World Pranic Healing Foundation India (Ashram) |
| <input type="checkbox"/> Local Food for the Hungry Foundation | <input type="checkbox"/> Local Pranic Healing Foundation                |
| <input type="checkbox"/> Others: Karmic Obligations: _____    | <input type="checkbox"/> Any other organisation: _____                  |

Pillar No. 5

Names of recommended books you have read in the last 12 months: (As given in the Basic book or Arhatic notes)

- |           |           |
|-----------|-----------|
| 1) _____  | 2) _____  |
| 3) _____  | 4) _____  |
| 5) _____  | 6) _____  |
| 7) _____  | 8) _____  |
| 9) _____  | 10) _____ |
| 11) _____ | 12) _____ |
| 13) _____ | 14) _____ |

Which other courses of Master Choa Kok Sui have you attended? (Eg: Crystal Healing, Feng Shui, etc.)

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What other programs of personal growth / meditation have you attended?

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How has Arhatic Preparatory impacted your health?

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How has Arhatic Preparatory affected your emotional health and relationship?

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How has Arhatic Preparatory impacted your financial status?

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Has Arhatic Yoga had any other major impact on your life which you would like to share (optional)? \_\_\_\_\_

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Please write details of all ailments you have had (in case major): \_\_\_\_\_

Currently Have (however trivial they may be): \_\_\_\_\_

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**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 on care of injury. I declare that I am physically and mentally able to participate in this seminar and will keep all the proceedings confidential. I verify that, the information given above is true to the best of my knowledge.

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

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

Signature: \_\_\_\_\_

## TITHING RECORD

Month	Local FFH Foundation	MCKS Trust Fund	World Foundation & Ashram	Local Center & Others
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Year _____				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Year _____				
January				
February				
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Year _____				
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September				
October				
November				
December				

If you do not wish to mention the tithing amount, then kindly tick on the relevant areas where you have given tithing.

Annual Tithing to GMCKS Organisation: Rs. \_\_\_\_\_



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## VOW OF SECRECY

I, \_\_\_\_\_, having had the privilege of being accepted as a student in MASTER CHOA KOK SUI'S Arhatic Yoga Level 1 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 sacred 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 the MASTER CHOA KOK SUI'S Arhatic Yoga course.

I make this solemn vow freely and voluntarily, with no mental reservation or purpose of evasion. I hereby affix my signature, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ India.

\_\_\_\_\_  
Signature