

How often do you practice the following? (Applicants who have not attended Arhatic Yoga Part – II need to answer only questions 1 to 4 – please do not answer the other questions)

- 1) Meditation on Twin Hearts Daily Twice a Week Thrice a Week Weekly
- 2) Meditation on the Soul
- 3) Physical exercises and breathing exercises Twice a Day Twice a Week Thrice a Week
- 4) Any other meditations (specify) _____
- 5) Meditation on Inner Breath Daily Twice a Week Thrice a Week Weekly
- 6) Arhatic Dhyan Daily Twice a Week Thrice a Week Weekly
- 7) Sublimation of Sex Energy Twice a Day Twice a Week Thrice a Week
- 8) Character Building Daily Twice a Week Thrice a Week

How many hours of service do you do in a week?

(Please mention the place(s) where you do the service)

How often do you tithe to a pranic healing organization? Weekly Monthly Yearly

Which pranic healing organization do you tithe to?

MCKS Trust All India Pranic Healing Foundation World Pranic Healing Foundation

Local Pranic Healing Foundation Local Pranic Healing Association

Names of recommended books you have read?

(As given in the Miracles Through Pranic Healing Book or Arhatic Yoga Preparatory Level –II Notes)

Which other courses of GrandMasterChoaKokSui have you attended? (Eg. Crystal Healing etc.)

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

Why do you want to attend this seminar?

DISCLAIMER

I am participating in this seminar at my own risk and on my own free will. I take full responsibility for participating in this programme. I release the instructor, all organizers and assistants of this seminar from all damage whatsoever and waive all rights to compensation 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 No. _____ Dated _____ drawn on (name of the bank) _____ for Rs. _____ Being the donation for participating in this seminar.

Date :

Place :

Signature of the Participant

Pranic Healing Foundation of Tirupati

546, Reddy & Reddy Colony Tirupati.

Tel: 08772254314, Mobile: 9885400077. E-mail: choasbluepearl@yahoo.com

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, solemnly swear to keep secret and confidential, all the sacred teachings taught in the said course.

On my Honor, 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 GRAND 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 here by affix my signature on this (mention date) _____ in (name of city) _____ and country.

Signature

Name

Date & Place