

# APPLICATION FORM FOR ARHATIC YOGA LEVEL

PHOTO

APPLYING FOR ARHATIC YOGA LEVEL

NAME

TITLE

LAST NAME

FIRST NAME

MIDDLE NAME

AGE

GENDER

MARITAL STATUS

NUMBER OF CHILDREN  
| IF APPLICABLE |

OCCUPATION

PLACE OF RESIDENCE  
| COMPLETE MAILING ADDRESS WITH ZIP CODE |

HOME PHONE

EMAIL ADDRESS

OFFICE ADDRESS

WORK PHONE

EMAIL ADDRESS

PRANIC HEALING COURSES YOU TAKEN

PLACE CONDUCTED

DATE



BASIC PRANIC HEALING



ADVANCED PRANIC HEALING



PRANIC PSYCHOTHERAPY



ARHATIC YOGA  
| PLEASE PROVIDE ALL THE  
LEVELS YOU HAVE TAKEN |

# APPLICATION FORM FOR ARHATIC YOGA LEVEL

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

☐ 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? | PLEASE MENTION THE PLACE(S) YOU RENDER SERVICE |

# APPLICATION FORM FOR ARHATIC YOGA LEVEL

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


# APPLICATION FORM FOR ARHATIC YOGA LEVEL

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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 \_\_\_\_\_