





# APPLICATION FORM FOR ARHATIC YOGA LEVEL

## ARHATIC YOGA LEVEL 1

MASTER CHOA KOK SUI COURSE/S COMPLETED	PLACE	DATE	INSTRUCTOR
Basic Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			
Arhatic Yoga Preparatory			

**\*NOTE:**

- The Incoming student must be an active Arhatic Yoga Preparatory practitioner for at least two (2) years.
- Kindly attach scanned copies of the above mentioned Master Choa Kok Sui courses' certificates.

## ARHATIC YOGA LEVEL 2

MASTER CHOA KOK SUI COURSE/S COMPLETED	PLACE	DATE	INSTRUCTOR
Arhatic Yoga Level 1			

**\*NOTE:**

- The Incoming student must be an active Arhatic Yoga Level 1 practitioner for at least one (1) year.
- Kindly attach scanned copies of the above mentioned Master Choa Kok Sui courses' certificates.

## ARHATIC YOGA LEVEL 3.1

MASTER CHOA KOK SUI COURSE/S COMPLETED	PLACE	DATE	INSTRUCTOR
Pranic Crystal Healing			
Psychic Self-Defense			
Arhatic Yoga Level 2			

**\*NOTE:**

- The Incoming student must be an active Arhatic Yoga Level 2 practitioner for at least two (2) years.
- Kindly attach scanned copies of the above mentioned Master Choa Kok Sui courses' certificates



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## ARHATIC YOGA LEVEL 3.2

MASTER CHOA KOK SUI COURSE/S COMPLETED	PLACE	DATE	INSTRUCTOR
Arhatic Yoga Level 3.1			

**\*NOTE:**

- The Incoming student must be an active Arhatic Yoga Level 3.1 practitioner for at least one (1) year.
- Kindly attach scanned copies of the above mentioned Master Choa Kok Sui courses' certificates.

### 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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## APPLICATION FORM FOR ARHATIC YOGA LEVEL

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POSSESSED CONSISTENT TRACK RECORD OF SERVICE AND TITHING

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



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## 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


I hereby consent that Institute for Inner Studies (IIS) may collect, use, disclose, and process my personal information set out in this form and/or otherwise provided by me or possessed by IIS for record and evaluation purposes in determining qualifications for the Arhatic Yoga Level applications.

I am fully aware that by not providing my personal information in this form IIS may not be able to process or evaluate my Arhatic Yoga Level application properly.



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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 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: \_\_\_\_\_