ARHATIC YOGA PREPARATORY COURSE

APPLICATION FORM

PERSONAL INFORMATION

Last Name *First Name* *Middle Name* *Suffix (Sr., Jr., etc.)*

Gender (Male or Female)

Marital Status (Single, Married, etc.)

Date of Birth (DD/MM/YYYY)

Place of Birth (City, Country)

Citizenship

Date of Application (DD/MM/YYYY)

Occupation

PHOTO

CONTACT INFORMATION

Address (House or Unit Number) *(Building Name)* *(Street Number)* *(City or Municipality)*

(State) *(Country)* *(Zip or Postal Code)*

Phone Number (Country Code + Area Code + Phone Number)

Mobile Number (Country Code + Phone Number)

E-mail Address

Website

EDUCATIONAL ATTAINMENT

Level of Education	Course or Degree *(Completed or Incomplete)*	Highest Grade / Year / Level / Units Earned *(if incomplete)*	Name and Address of University or School Attended	Inclusive Years of Attendance	
				From	To
Elementary					
Secondary					
University					
Technical or Vocational or Trade					
Post Graduate					

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COURSES ATTENDED *(Attach scanned copies of all your pertinent MCKS course attendance certificates.)*			
MCKS Courses	Date *(DD/MM/YYYY)*	Location *(City, Country)*	Name of Licensed Instructor(s)
Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			
Self Pranic Healing – Online			
Achieving Oneness with the Higher Soul			

OTHER INFORMATION
(Kindly answer the following questions using a check mark.)

Do you…?

Smoke _____ Yes _____ Rarely _____ No

Drink alcoholic beverages _____ Yes _____ Rarely _____ No

Take hallucinogenic drugs _____ Yes _____ Rarely _____ No

Gamble _____ Yes _____ Rarely _____ No

What is your diet? _____ Vegetarian

_____ Semi-vegetarian *(Fish or Poultry)* How often? _____

_____ Meat-based How often? _____

Do you have…?

Hypertension _____ Yes _____ No

Heart Ailment(s) _____ Yes _____ No

Glaucoma _____ Yes _____ No

Kidney or Liver Ailment(s) _____ Yes _____ No

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OTHER INFORMATION
(Kindly answer the following questions using a check mark.)

(For women only, if applicable)
Are you pregnant? _____ Yes _____ No

Have you had any history of miscarriage? _____ Yes _____ No

(If yes, please specify when.) _____

Do you have or have you had…?
Stress _____ Yes _____ No

Anxiety _____ Yes _____ No

Nervousness _____ Yes _____ No

Emotional Disorder _____ Yes _____ No

Mental Disorder _____ Yes _____ No

Other ailments *(Please specify.)* _____

Other Spiritual Practices
(Please specify.) _____
_____
_____

Other Energy Practices
(Please specify.) _____
_____
_____

☐ I have read this form, understood its contents, and consent to the processing of my personal information by the Institute for Inner Studies (IIS) for record and evaluation purposes in determining my qualifications for the Arhatic Yoga Preparatory Course.

I am fully aware that by not providing my personal information in this form, IIS may not be able to process or evaluate my application for the Arhatic Yoga Preparatory Course 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 PROGRAM. I RELEASE THE INSTITUTE FOR INNER STUDIES, THE INSTRUCTORS, ALL ORGANIZERS, AND ASSISTANTS OF THIS COURSE FROM ALL DAMAGE WHATSOEVER AND WAIVE ALL RIGHTS TO COMPENSATION ON CARE OF INJURY.

I DECLARE THAT I AM PHYSICALLY AND MENTALLY ABLE TO PARTICIPATE IN THIS COURSE AND WILL KEEP CONFIDENTIAL ALL PROCEEDINGS.

I VERIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(OPTIONAL) I AM ENCLOSING CASH/ DD/ CHEQUE NO. _____ DATED _____ DRAWN ON *(NAME OF THE BANK)* _____ FOR _____ BEING THE FEES FOR PARTICIPATION IN THIS COURSE.

SIGNATURE: _____

NAME: _____

DATE: _____