APPLICATION FORM FOR ARHATIC YOGA LEVEL

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: _____

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 PSYCHOTHERAPHY THAT WAS NOT SUCCESSFUL? ○ YES ○ NO

PLEASE WRITE THE DETAILS OF ALL AILMENT YOU HAVE OR HAVE HAD |HOWEVER TRIVIAL THEY MAY BE|

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

APPLICATION FORM FOR ARHATIC YOGA LEVEL

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	○ 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

POSSESSED CONSISTENT TRACK RECORD OF SERVICE AND TITHING

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

APPLICATION FORM FOR ARHATIC YOGA LEVEL

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.

APPLICATION FORM FOR ARHATIC YOGA LEVEL

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: _____