

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 <i>(Completed or Incomplete)</i>	Highest Grade / Year / Level / Units Earned <i>(if incomplete)</i>	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 <i>(Attach scanned copies of all your pertinent MCKS course attendance certificates.)</i>			
MCKS Courses	Date <i>(DD/MM/YYYY)</i>	Location <i>(City, Country)</i>	Name of Licensed Instructor(s)
Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			
Self Pranic Healing – Online			
Achieving Oneness with the Higher Soul			

OTHER INFORMATION <i>(Kindly answer the following questions using a check mark.)</i>
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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: _____