YOGA VIDYA PRANIC HEALING FOUNDATION OF TS & AP

#6-3-788/A/18, Plot No.18, Durganagar, Ameerpet, Hyderabad - 500 016. Tel: 040-23416473, 66777500 Cell: 9052687804 e-mail: yvphf@appranichealing.org

APPLICATION FORM

Put a tick [✓] at the course	that you are attending :	Date : _			
KRIYASHAKTI Fresher Review	□ FE	NG SHUI Fresher Review			
Others (Please specify)					
Name :	Sex: M / F	Marital Status : Marr	ied / Unmarried		
Occupation :					
Address (complete mailing a Residential :	aaress with pin coae)				
Phone(s) :		Mobile(s):			
E-mail :					
How did you hear about Pranic Yoga Healing ? Friend (Name) Other How did you hear about this class? Please mention if you have / had any ailments (Physical & Psychological)					
Details of Pranic Yoga Healing Courses attended :					
COURSE	PLACE	TRAINER	DATE		
Basic Advanced					
Psychotherapy					
Arhatic Yoga Prep - I					
Arhatic Yoga Prep - II					
Crystal Healing					
Psychic Self Defense					
Others					

DECLARATION: I am participating in this Pranic Healing seminar at my own risk and of my own will. I take full responsibility for participating in this programme. I release all the instructors, organisers and assistants of this seminar and Yoga Vidya Pranic Healing Foundation of TS & AP, India from all damages whatsoever and waive all rights to compensation in case of injury: I declare that I am physically, emotionally and mentally fit to participate in this seminar and will keep all the proceedings of the seminar confidential.

VOW OF SECRECY

l,			, having had
the privilege of being accepted as a studen	t of Yoga Vi	dya Pranic Healing Fo	oundation of TS & AP
course (specify course name)			, do solemnly
swear to Secret and Confidential, all the sacr	ed teachings	s taught in the said co	urse.
On my Honour, I sincerely promise to practice them in the proper and correct man Five Arhatic Virtues taught by Foundation. I these teachings by persons who have not been	ner, guided k also promise	by the Golden Rules at to prevent misuse of	nd the practice of the
With the Lord God as my witness, and Secrecy and I will not divulge to anybody, unde of written material, or though some other for and techniques from this course.	r any circums	tances, verbally or thro	ough the reproduction
I make this solemn vow freely and volu	ntarily, with r	no mental reservation	or purpose of evasion.
Date :	ndia.		in (name of city)
Details of Cash / Cheq. / DD No	R.No	Dated	drawn on
(Bank Name)		_ for Rs	being the
fee for participation in this seminar.	Certificate No. :		
Course Location : Foundation / Other	olace		
Organiser's Name :			
	Trainer's Signature		