

The Center for Pranic Healing, Inc.

420 Valley Brook Avenue, Lyndhurst, New Jersey 07071
Toll Free (877) 787-3792 Telephone (201) 896-8500 Fax (201) 896-8501

Arhatic Yoga Level II Application

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. No: _____ Cell. No: _____

Email Address: _____

Date of Birth: _____ Sex: ___ M ___ F

For your safety, please answer the following questions?

1. Do you smoke? ___ Yes ___ Rarely ___ No

2. Do you take illegal drugs? ___ Yes ___ No

If yes, specify

3. Do you drink alcohol? ___ Yes ___ Rarely ___ No

4. What is your diet? ___ Vegan ___ Vegetarian

___ Semi-Vegetarian (fish/poultry) How often? _____

___ Meat-Eater How often? _____

5. Have you been diagnosed or had a history of, or present, serious physical or psychological disorders? ___ Yes ___ No

If yes, please specify:

Courses Taken - Please check all that apply:

___ Basic Pranic Healing

___ Pranic Self-Defense

___ Kriyashakti

___ Advanced Pranic Healing

___ Crystal Healing

___ Pranic Feng Shui

___ Pranic Psychotherapy

___ Higher Clairvoyance

___ Sexual Alchemy

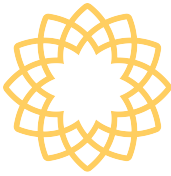
___ Achieving Oneness

___ Self Pranic Healing

___ Arhatic Yoga:

with the Higher Soul

Other PH courses (specify):



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Arhatic Yoga Level II Application

1. When did you attend Arhatic Yoga Level 1? Date _____ Location _____

2. How often do you practice the meditations of Preparatory Level?

Meditation on Twin Hearts _____x a week _____x every 2 weeks _____x a month

Meditation on the Lord's Prayer _____x a week _____x every 2 weeks _____x a month

Meditation on the Soul _____x a week _____x every 2 weeks _____x a month

Arhatic Dhyan _____x a week _____x every 2 weeks _____x a month

Kundalini Meditation _____x a week _____x every 2 weeks _____x a month

3. How often do you tithe or give money to?

_____x a week _____x every 2 weeks _____x a month

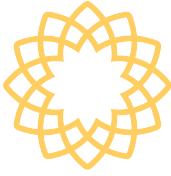
What organizations do you tithe to?

4. How often do you perform service? _____x a week _____x every 2 weeks _____x a month

What form of service do you perform?

5. What kind of Positive Experiences have you had with the practices?

6. What kind of Negative Experiences have you had with the practices? (Kundalini Syndrome symptoms i.e. financial problems, physical/health problems, emotional instability, relationship problems, etc.) How long did these last? And how were they resolved?



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7. How do you view the role of the Teacher – Grand Master Choa Kok Sui?

8. Why do you want to learn the teachings / techniques of Arhatic Yoga Level II?