

The Center for Pranic Healing
420 Valley Brook Avenue
Lyndhurst, New Jersey 07071
Tel. No. (201) 896-8500 Fax No. (201) 896-8501
Toll Free No. (877) 787-3792

Arhatic Yoga Level I & II Application

Full Name: _____

Address: _____

City: _____ State: _____ Zip _____

Tel. No.: _____ Cell No.: _____

E-mail 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 alcoholic beverages? Yes Rarely No
4. What is your diet? Vegetarian Semi-Vegetarian (fish/poultry) How often
_____ Meat How often? _____
5. Have you been diagnosed or had a history of, or present, serious physical or psychological disorders? If yes, please specify Yes No

Courses Taken - Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pranic Healing | <input type="checkbox"/> Pranic Self-Defense | <input type="checkbox"/> Kriyashakti |
| <input type="checkbox"/> Advanced Pranic Healing | <input type="checkbox"/> Crystal Healing | <input type="checkbox"/> Pranic Feng Shui |
| <input type="checkbox"/> Pranic Psychotherapy | <input type="checkbox"/> Higher Clairvoyance | <input type="checkbox"/> Sexual Alchemy |
| <input type="checkbox"/> Med. For Soul Realization | <input type="checkbox"/> Self Pranic Healing | <input type="checkbox"/> Arhatic Yoga:
Level _____ |

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

2. How often do you practice the meditations of Preparatory Level? (specify what meditations and how often)

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 / give money to charity?

_____x a week _____x every 2 weeks _____x a month

What organization 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 was it resolved?)

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 I & II?
