

# PRANIC HEALING TRUST TAMILNADU

No.63,Balakrishnan Street Extention, West Mambalam,Chennai -600033

Ph: 044 48515655 / +91 9500184472

## GMCKS ARHATIC YOGA RETREAT CHENNAI – 2019

(25-28<sup>th</sup> January,2019)

### PERSONAL DETAILS

Date: \_\_\_\_\_

Photo

Name (as on Arhatic Certificate) \_\_\_\_\_

DOB (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile \_\_\_\_\_ Landline \_\_\_\_\_

Email: \_\_\_\_\_ Foundation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Arhatic Prep : Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate #: \_\_\_\_\_ Instructor: \_\_\_\_\_

Arhatic Level 1 : Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate #: \_\_\_\_\_ Instructor: \_\_\_\_\_

Arhatic Level 2 : Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate #: \_\_\_\_\_ Instructor: \_\_\_\_\_

*AY Prep / Levels Certificate Copy must be provided with Registration form*

Please tick () the appropriate box

REGISTRATION: GENERAL RETREAT  AY L1 RETREAT  AY L2 RETREAT

PAYMENT DETAILS: Amount Rs. \_\_\_\_\_ Full Payment  Instalments(EMI)

FULL Payment: Cheque No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bank: \_\_\_\_\_

Course	Before 15 <sup>th</sup> November	After 15 <sup>th</sup> November
General Retreat	19,000/-	20,000/-
AY L1 & L2	22,500/-	23,500/-

\*\* NOTE: Seat numbers will be allotted on receipt of payment

**All EMI Cheques have to be submitted at the time of registration**

**Seats will be allotted on clearance of the Last EMI Cheque**

EMI Payment	At Registration	EMI No: 1	EMI No: 2	EMI No: 3
Cheque		On 15th Sept'18	On 15th Oct' 18	On 15th Nov' 18
General Retreat	Rs.5,500/-	Rs.4,500/-	Rs.4,500/-	Rs.4,500/-
AY L1 & L2 Retreat	Rs.7,500/-	Rs.5,000/-	Rs.5,000/-	Rs.5,000/-

At Registration : Cheque No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bank: \_\_\_\_\_

EMI 1 : Cheque No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bank: \_\_\_\_\_

EMI 2 : Cheque No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bank: \_\_\_\_\_

EMI 3 : Cheque No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bank: \_\_\_\_\_

Cheque payments to be in favour of **"AY Retreat Chennai"**  
(Forms Must be submitted to Pranic Healing Trust Tamilnadu)

### For office Use Only:

Certificate Verified:  Yes  No  Authorized by: \_\_\_\_\_  
Other Comments: \_\_\_\_\_ Received Time: \_\_\_\_\_

# PRANIC HEALING TRUST TAMIL NADU

(New No : 63 Balakrishnan Street Extn, West Mamballam, Chennai – 600033)  
Affiliated to World Pranic Healing Foundation Pvt. Ltd., & IIS, Manila

## VOW OF SECRECY

I, *(name)* \_\_\_\_\_

having had the privilege of being accepted as a student in **MASTER CHOA KOK SUI'S**

*(specify Course name)* \_\_\_\_\_ course, do solemnly swear to keep Secret and Confidential, all the sacred teachings taught in the said course.

On my Honour, I sincerely promise to preserve these teachings in their purest form, and practice them in the proper and correct manner, guided by the Golden Rules and the practice of the Five Arhatic Virtues taught by Master Choa Kok Sui. I also promise to prevent misuse or incorrect practice of these teachings by persons who have not been adequately instructed.

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 written material, or through some other form, in whole or in part, any of the teachings, principles and techniques from **MASTER CHOA KOK SUI'S**

*(specify course name)* \_\_\_\_\_ course.

I make this solemn vow freely and voluntarily, with no mental reservation or purpose of evasion. I hereby affix my signature this *(mention date)* \_\_\_\_\_ in

*(name of city)* \_\_\_\_\_ India

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE AND PLACE