



**KARNATAKA YOGA VIDYA
PRANIC HEALING
FOUNDATION TRUST**

142/A, Venkateshwara Nivas, 2nd Floor, Ashwath Nagar, Sanjaynagar Main Road, Bangalore-560 094.

Tel: +91 80 69917977 Mobile: 99457 48389 E-mail: enquiry@karnatakapranichealing.com www.karnatakapranichealing.com

- Applying for GMCKS**
- | | |
|--|---|
| <input type="checkbox"/> Basic Pranic Healing | <input type="checkbox"/> Achieving Oneness with the Higher soul |
| <input type="checkbox"/> Advanced Pranic Healing | <input type="checkbox"/> Pranic Crystal Healing |
| <input type="checkbox"/> Pranic Psychotherapy | <input type="checkbox"/> Psychic Self Defense for Home & Office |

Other's (Please Specify) _____

Name of the Trainer _____

(PLEASE FILL IN THIS FORM COMPLETELY IN BLOCK LETTERS)

Name _____

Age _____ Gender : _____ Occupation : _____ Educational Qualification : _____

Complete Mailing Address : _____

Tel. : _____ Mobile : _____ E-mail : _____

Details of Pranic Healing courses completed (Please fill in information if applicable)

Course	Place conducted	Name of the Trainer	Month & Year
Basic Pranic Healing			
Advanced Pranic Healing			
Pranic Psychotherapy			

➤ Details of other programmes of personal growth, therapy or meditation you have attended :

➤ Have you ever been hospitalised for psychiatric or mental treatment? Yes No

➤ Do you smoke ? Yes No

➤ Do you consume alcohol ? Yes No

➤ Have you taken hallucinogenic drugs ? Yes No

➤ Please give details of all physical ailments, however trivial :

➤ How did you hear about this course?

➤ What are you looking for from this course? / What made you decide to attend this course? (any one)
(to learn / to heal / for spiritual growth / any other reason)

➤ Would you like to be added to our e-mail list

DECLARATION

I am participating in this workshop at my own risk and of my own will. I take full responsibility for participating in this programme. I release all instructors, organisers and assistants of this seminar and The Karnataka Yoga Vidya Pranic Healing Foundation Trust, from all damages whatsoever and waive all rights to compensation in case of injuries. I declare that I am physically, emotionally and mentally able to participate in this seminar and will keep confidential the proceedings.

Place :

Date :

Signature of Participant

Certificate No.

Remarks