



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
www.pranichealingusa.com – pranichealingusa@gmail.com

ARHATIC YOGA LEVEL 3.2 APPLICATION FORM

Please
Place your
Picture
here

PLEASE PRINT

Name: Mr./Ms./Mrs. _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Tel (Home): _____ (Cell): _____ E-Mail: _____

Date Arhatic Yoga Preparatory Level was Taken: _____ Location: _____ Instructor: _____

Date Arhatic Yoga Level 1 was Taken: _____ Location: _____ Instructor: _____

Date Arhatic Yoga Level 2 was Taken: _____ Location: _____ Instructor: _____

Date Arhatic Yoga Level 3.1 was Taken: _____ Location: _____ Instructor: _____

For your safety, please answer the following questions:

- | | | | |
|---|------------|----------------|----|
| 1) Do you smoke? | Yes | Rarely | No |
| 2) Do you take drugs? | Yes | Rarely | No |
| 3) Do you drink alcoholic beverages? | Yes | Rarely | No |
| 4) What is your diet? | Vegetarian | Non-Vegetarian | |
| 5) Have you been diagnosed or had history of contagious diseases or other illnesses?
If yes, please specify: | Yes | No | |

-
- | | | |
|---|-----|----|
| 6) Do you have history or present serious physical or psychological disorders?
If yes, please specify: | Yes | No |
|---|-----|----|
-



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6. How often do you tithe?

7. To whom do you tithe?

8. What books have you read/studied that are related to your spiritual practice and to the advancement of Pranic Healing?

Signature: _____

Date: _____

(Please use the Fill & Sign button on Adobe Acrobat to sign this form)

You must be practicing Arhatic Yoga Level 3.1 for a minimum of 1 year. Your application will be evaluated and screened for acceptance to Level 3.2. Please send this application via email to pranichealingusa@gmail.com or via fax (201) 896-8501. You will be notified of the status of your application.