



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

Please
Place your
Picture
here

ARHATIC YOGA LEVEL 3.2 APPLICATION FORM

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&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 No
- 2) Do you take drugs? Yes No
- 3) Do you drink alcoholic beverages? Yes 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

Five Pillars of Arhatic Yoga

Please print legibly and be sure to complete all the questions listed below in full honesty.

- 1. What is your attitude toward the Supreme God?



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2. What is your attitude toward the Guru or Spiritual Teacher, Grand Master Choa Kok Sui?

3. Purification: How often do you practice physical exercises and the breathing techniques?

4. How often do you practice the following meditations?

- a) Kundalini Meditation
- b) Arhatic Dhyana
- c) Meditation on the Blue Pearl
- d) Meditation on Twin Hearts
- e) Lord's Prayer
- f) AY Level 1
- g) AY Level 2
- h) AY Level 3.1

5. How many times a week do you do service? How many hours and where?

6. How often do you tithe?



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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:

You must be practicing Arhatic Yoga Level 3.1 regularly 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.