

PRANIC HEALING FOUNDATION TELANGANA

Affiliated to World Pranic Healing Foundation Inc. Manila

Institute for Inner Studies, Inc.
PRANIC HEALERS CERTIFICATION PROGRAM
CERTIFIED PRANIC HEALER
Application Form

PERSONAL BACKGROUND

DATE: _____

| | | | |
|--|-------------------------------|----------------------|------------|
| First Name | Last Name | M.I. | Sex |
| Street | | | |
| City | Country | Pin Code | |
| Occupation | Educational Background | Status | |
| Office Phone | Residence Phone | Mobile Phone | |
| Fax | | Email Address | |
| PRANIC HEALING CENTER / FOUNDATION, COUNTRY | | | |
| SIGNATURE | | | |

| MCKS COURSES | Date | Place | Instructor |
|-------------------------|------|-------|------------|
| Basic Pranic Healing | | | |
| Advanced Pranic Healing | | | |
| Pranic Psychotherapy | | | |

| CHECK LIST | Date Paid |
|------------------------------------|-----------|
| Apprenticeship Fee | |
| Full Payment of Apprenticeship Fee | |
| Certification & Processing Fee | |

| DOCUMENTED CASES/REQMTS | Date Completed | Reviewed & Validated By: |
|---------------------------------|----------------|--------------------------|
| 10 Simple cases | | |
| 10 Advanced cases | | |
| 5 Psychotherapy cases | | |
| Practical & Oral Exams | | |
| Written Exam | | |
| Practicals & Training(6 months) | | |

| RECOMMENDED BY: | Date | Name | Signature |
|-------------------------|------|------|-----------|
| Pranic Healing Trainer | | | |
| PH Certification Mentor | | | |
| Master Pranic Healer | | | |
| | | | |

| APPROVED BY: | Date | Name | Signature |
|-------------------------|------|------|-----------|
| PHCP Coordinator (IISI) | | | |
| GMCKS | | | |

| | | | |
|---------------------------|--|--|--|
| CERTIFICATE MAILED | | | |
|---------------------------|--|--|--|

Declaration

I am participating in this seminar at my own risk and of my own free will. I take full responsibility for participating in this programme. I release all instructors, all organisers and assistants of this seminar from all damages whatsoever and waive all rights to compensation in case of injury. I declare that I am physically, and mentally able to participate in this seminar and will keep confidential all the proceedings. I verify that the information given above is true to the best of my knowledge.

I am enclosing cash/ DD for Rs. _____ for participating in the seminar. (DD/ Cheque No. _____ Bank: _____ Dated: _____ (DD/ Cheque shall be in favor of _____, payable at _____.)

Date: _____
Place: _____

Signature: _____

(Forms will be considered incomplete without photo, certificate copy & signatures. Reviewers without certificate copy will be considered as fresher.)

For office Use Only

Form received on :

Cash/ Cheque/ DD(Amount) :

Receipt No :

Bank Name& cheque/DD No. :

Order No. :