



APPLICATION FOR LEVELS

THE PATH TO ARHATSHIP

(Please Print Clearly)

Photo

First Name _____ Last Name _____

Address _____

City _____ Pin Code _____

State _____ Country _____

Home Phone _____ Mobile Phone _____

Email ID _____ Website _____

Are you currently an Instructor? Yes No

Have you taught previously in another Organization? Yes No

Which one? _____

For which Workshops? _____

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Smoke | <input type="checkbox"/> Heart Ailments |
| <input type="checkbox"/> Moderate use of Alcohol | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Other Addictive Substances | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Eat Pork, Eel or Catfish | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Eat Chicken | <input type="checkbox"/> Other Addictive Substances |
| <input type="checkbox"/> Eat Fish | <input type="checkbox"/> Any Major Medical Problems |
| <input type="checkbox"/> Psychological Disorders | <i>If yes, please explain on the reverse side of this form</i> |
| | <input type="checkbox"/> Other _____ |

Describe your weekly practice? _____

How many hours of Service do you do in a week? _____

How often do you Tithe or Donate/to which Organizations? _____

Why do you wish to take the next Level on "*The Path to Arhatship*"? _____

- | | | | | |
|--------------------------------------|--------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| The Planetary Meditation for Peace | <input type="checkbox"/> Daily | <input type="checkbox"/> 2 x Week | <input type="checkbox"/> 3 x Week | <input type="checkbox"/> Other _____ |
| Meditation on the Atma | <input type="checkbox"/> Daily | <input type="checkbox"/> 2 x Week | <input type="checkbox"/> 3 x Week | <input type="checkbox"/> Other _____ |
| Kundalini Yoga | <input type="checkbox"/> Daily | <input type="checkbox"/> 2 x Week | <input type="checkbox"/> 3 x Week | <input type="checkbox"/> Other _____ |
| Dhyana Yoga | <input type="checkbox"/> Daily | <input type="checkbox"/> 2 x Week | <input type="checkbox"/> 3 x Week | <input type="checkbox"/> Other _____ |
| Transmutation of Reproductive Energy | <input type="checkbox"/> Daily | <input type="checkbox"/> 2 x Week | <input type="checkbox"/> 3 x Week | <input type="checkbox"/> Other _____ |



Practice the Virtues	<input type="checkbox"/> Daily	<input type="checkbox"/> 2 x Week	<input type="checkbox"/> 3 x Week	<input type="checkbox"/> Other _____
Physical Exercises	<input type="checkbox"/> Daily	<input type="checkbox"/> 2 x Week	<input type="checkbox"/> 3 x Week	<input type="checkbox"/> Other _____
Pranayama	<input type="checkbox"/> Daily	<input type="checkbox"/> 2 x Week	<input type="checkbox"/> 3 x Week	<input type="checkbox"/> Other _____
Any other Meditations	<input type="checkbox"/> Daily	<input type="checkbox"/> 2 x Week	<input type="checkbox"/> 3 x Week	<input type="checkbox"/> Other _____
Any other Spiritual Practice	<input type="checkbox"/> Daily	<input type="checkbox"/> 2 x Week	<input type="checkbox"/> 3 x Week	<input type="checkbox"/> Other _____

Organization & Dates where you received previous *“The Path to Arhatship”* Levels:

Level	Organization	Instructor	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What Books recommended by our Guruji have you read in the last year?

Level Currently being Practiced:

The Path to Arhatship

Level 1 & 2

Level 3.0 3.1

Level 3.2 3.3

Level 4.1 4.2

Level 5

Application for which Level:

Level 1 & 2

Level 3.0 3.1

Level 3.2

Level 4.1 4.2

AGREEMENT OF CONFIDENTIALITY

If I have the privilege of being accepted for the above named Workshop,
I agree to keep Confidential these Sacred Teachings.

I also agree to preserve these sacred Teachings in their purest form, through my proper Practice.
I agree not to misuse these Teachings or to transfer these to others without a written Authorization.

I agree not to divulge these Teachings, Principles or Techniques verbally or through written or electronic form. This Agreement and Promise is made without mental reservations or any intention to evade this Agreement.

Date _____ Signature _____

For Office Use Only! (Do not write below this line)

Level Approved _____ Date _____ Signature _____

Comments _____

Cash _____ Amount _____

Check _____ Amount _____ Check # _____

Payment Plan _____

Special Arrangements _____