

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

**PERSONAL BACKGROUND**

**DATE:** \_\_\_\_\_

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

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			

<b>APPROVED BY:</b>	Date	Name	Signature
PHCP Coordinator (IISI)			
GMCKS			

<b>CERTIFICATE MAILED</b>			
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### **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. :**