



# Vipassana Meditation

as taught by S.N. Goenka in the tradition of Sayagyi U Ba Khin

## Long Course Applicant Details

This is a System Generated File. Not to be used as an application form.

Centre Name

☐ Sit☐ Serve

### For Official Purpose Only

Conf. No.

Acc. No.

Seat No.

Cell No.

Course Type

Course Date

Full Name

Gender

Age

Address

Photo ID:

Passport

☐

Aadhar

☐

PAN

☐

National ID

☐

ID No.

DOB

Phone:

Home

Office

Mobile

E-mail

Education

Designation

Occupation

Company Name

Assistant Teachers Only: Year of Appointment

Passport Size Photo

### Emergency Contact Info

Name

Relationship

Mobile No.

### Practice Details

1. Are you committed fully and exclusively to the practice of Vipassana Meditation as taught by S. N. Goenka and his authorized assistant teachers

☐ Yes

☐ No

2. In the past two years have you been involved exclusively with Vipassana meditation as taught by S.N. Goenka and his authorized assistant teachers without going to any other spiritual/meditation teachers or trying other meditation techniques or so called energy based healing techniques e.g. Reiki, Qi Qong, Pranic healing?

☐ Yes

☐ No

3. Regular daily practice of Vipassana meditation is defined as two one-hour sittings (morning and evening) each day. For how many years have you been practicing Vipassana regularly (i.e., two one-hour sittings daily)?

Practice details:

4. During the past year, have you maintained the Five Precepts without breaking them in any major way? ☐ Yes ☐ No

5. During the past year have you abstained from sexual misconduct ☐ Yes ☐ No

6. During the past year have you abstained from all alcohol, drugs and intoxicants, i.e., have you not used any of them at all? ☐ Yes ☐ No

### Previous Course Details

	Location	Course Type	Start Date	Conducting Teacher
First Course		10 - Day		
Most Recent Course				
Most Recent Long Course				

10-Day	STP	10-Day SPL	20-Day	30-Day	45-Day	60-Day	TSC	Dhamma Service

7-Day-Teen  Other courses served

Only for students doing 30/45-day course for the first time: Have you sat a 10-day course after your first 20/30-day course? ☐ Yes ☐ No

Duration between end date of last long course and start date of this course

### Relationship Details

1. Are you in a relationship or have you been in the past year? ☐ Yes ☐ No

If yes, is it a life-long committed relationship? ☐ Yes ☐ No

If you are in a life-long committed relationship:

Spouse's Name

Are your relations harmonious? ☐ Yes ☐ No

Is your spouse in favor of you taking the course? ☐ Yes ☐ No

Is your spouse a Vipassana meditator in this tradition? ☐ Yes ☐ No

Is your spouse practicing any other meditation technique besides Vipassana as taught by S.N. Goenka? ☐ Yes ☐ No

### Health and Medical Information

1. Do you now have or have you had in the past any mental difficulties? ☐ Yes ☐ No  
If yes, please give details with dates.

2. Do you now have, or have you had, any chronic health conditions, injuries, major illnesses, and/or recent surgeries? If yes please give details with dates. ☐ Yes ☐ No

3. Are you presently taking any medication (prescribed or otherwise, e.g. herbal, natural)? ☐ Yes ☐ No  
If yes, please give details and dosages.

4. For women applicants: If Pregnant, please indicate which month (Note: Due to limited medical facilities nearby, we can only accept those applicants who are in the 4th to 7th month of pregnancy):

### Experiences during course

1. Have you ever been refused admission to a course or had to leave a course for any reason? ☐ Yes ☐ No  
If yes, please give details.
2. Have you ever had difficulties during a course and been asked by the conducting teacher to stop/reduce meditating during the course for some time? If yes, please give details. ☐ Yes ☐ No
3. Have you had any personal tragedy in the past year, e.g. death of a near relative, etc? ☐ Yes ☐ No  
If yes, please give details, including dates.
4. Any particular difficulties you tend to encounter during courses? ☐ Yes ☐ No

### Additional Information

Any special requirements for this course? Please explain:

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#### Language Proficiency:

How well do you understand the language(s) in which this course will be conducted?

Language	Proficiency

Other languages known

--

Preferred language for instructions/discourse

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When do you intend to arrive at the center?

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I hereby consent to the storage and handling on a computer or otherwise of my above stated personally identifiable information in accordance with the Privacy Policy of the facility at which the course for which I am applying is being held. A copy will be provided on request.

Signature

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Date

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#### For Official Purpose Only

	Name
Recommending AT	
Area Teacher	