



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)?

Please give 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

Other courses served

Only for students doing 30/45-day course for the first time: Have you sat a 10-day course after your last 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.

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:

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

When do you intend to arrive at the center?

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

Date

For Official Purpose Only

	Name
Recommending AT	
Area Teacher	