



Vipassana Meditation

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

For official purposes only

Conf.
No.

Group
No.

Acc.
No.

OLD STUDENT


NEW STUDENT

COURSE APPLICATION FORM

INCOMPLETE FORMS WILL NOT BE ACCEPTED. PLEASE FILL UP ALL FIELDS.

Course Dates: From _____ To _____

Center: _____

First Name		Middle Name	Last Name (Surname)	Gender: Male Female Date of Birth (dd/mm/yyyy): ____/____/____ Age -	 Passport Size Photograph
Address (with City, Dist., Country etc.): Pin code: _____					
Contact Details	Home:	Mobile:			
	Work:	Email:			

1. Photo ID Type: Passport Aadhar Card PAN Card National ID ID No.: _____
(Mention your ID number above)

2. Occupation: Past Present
Doctor Lawyer Engineer IT Business CA/Acct. NGO Student Defence
Govt. (Class-1) Govt. (Class-2) Real Estate Agriculture Teacher Politician Other(Please Specify)

Education: _____

3. Name Of Organization: _____ Designation: _____

4. Will a friend or family member be taking this course as well?
If yes, write Name and relationship _____ No Yes

5. EMERGENCY CONTACT NAME & NUMBER (Also mention the relationship to the person):

6. Language Comprehension: How well do you understand the language(s) in which this course will be conducted?
Preferred language of Instructions/Discourses: _____

None	Basic	Intermediate	Expert
None	Basic	Intermediate	Expert
None	Basic	Intermediate	Expert
None	Basic	Intermediate	Expert

For Old Students (Details of courses done in the tradition of Sayagyi U ba Khin as taught by S.N. Goenka)

1. First Course: Date _____ Location _____ Teacher(s) _____

2. Most Recent Course (Sat): Date _____ Location _____ Teacher(s) _____

3.	Teen	10-day	STP	Special Course	20-day	30-day	45-day	60-day	Teacher's self course	Dhamma Service

4. Have you maintained your practice of Vipassana meditation since your last course? No Yes

If yes, please give details (how much time daily, etc.). _____

For All Students (New and old students)		
Vipassana is a non-sectarian technique which aims for the total eradication of mental impurities and the resultant highest happiness of full liberation. Its purpose is never simply to cure diseases. But, in order to facilitate a smooth transition of your course, we require the following health information.		
1. Do you have any past/present - physical health conditions (If yes, please give complete details such as medication, dosage, treatment, hospitalizations etc.):	No	Yes
2. Do you have any past/present history of psychological treatment? (If yes, please give complete details such as medication, dosage, treatment, hospitalizations etc.):	No	Yes
3. Are you now taking, or have you taken within the past two years, any prescribed medication? (If yes, please give complete details.):	No	Yes
4. a) Any past addictions to Tobacco, Alcohol or Drugs (If yes, please give details) :	No	Yes
b) Any current use of Tobacco, Alcohol or Drugs (Specify Substance, Frequency and last use)	No	Yes
5. 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): _____		
6. Do you have any past/present experience with Reiki, spiritual healing or any other meditation practices? If yes, please give details:	No	Yes

I hereby agree to set aside all past spiritual/religious practices, rites , rituals, recitation, fasting and prayers as well as any religious or spiritual objects for 10-days. All reading, writing material, mobile phones etc. should be deposited at the Course Office for 10-days.

I acknowledge that I have carefully read and understood the Code of Discipline for Meditation Courses. I agree to stay on the course site and to abide by all the rules and regulations for the full duration of the course. I realize that a Vipassana meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it.

I fully understand that the Center does not have any medical facility and thereby the management will not be liable for the consequences arising out of any illness during the period of the course. I am joining this course on my own free will. I hereby certify that the above information is true to the best of my knowledge.

In addition, 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 is being held.

Signature	Date
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