



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

CHILDREN'S 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:	Passport Size Photograph
Address (with City, Dist., Country etc.): 			Male	
Pin code: _____			Female	Date of Birth (dd/mm/yyyy): ____ / ____ / ____
Contact Details	Mobile:	Email:	Age -	

1. **Photo ID Type:** Passport Aadhar Card PAN Card National ID ID No.: _____
(Mention your ID number above)
2. **Parent's Details:**

Father's Name: _____ Mother's Name: _____

Have they completed a course: _____ Parent's Mobile Number: _____

3. **Completed Children or 70 min course:** No Yes **Practicing Anapana in Home/School:** No Yes
Details:

4. **Name Of School/College:** _____ Std/Year: _____

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

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

7. **Language Comprehension:** How well do you understand the language(s) in which this course will be conducted?
Basic Intermediate Expert

Preferred language of Instructions/Discourses: Basic Intermediate Expert

8. **Do you have any past/present - physical health conditions (If yes, please give details):**

9. **Write something about you:**

I hereby declare that I have read and studied the code of discipline for the meditation course.

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.

Applicant Signature: _____

Date: _____