You may take photocopy (xerox) of this form as per your requirement

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

For official purposes only					
Conf.	Group	Acc.			
No.	No.	No.			

OLD STUDENT

NEW STUDENT

TEENAGERS' APPLICATION FORM

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

Cours	rse Dates: FromTo			Center:				
	First Name	Gender:						
Address (with City, Dist., Country etc.):				Male Female				
			Pin code:		Date of Birth (dd/mm/yyyy):			
Conta Detai		Mobile: Email:			Age -	Passport Size Photograph		
1.	Photo ID Type: Pa	ssport Aadhar Car	d PAN Card	Nationa	-	Mention your	ID num	har ahova)
2.	Parent's Details:				(1	vicinion your	1D num	bei above)
	Father's Name:			Mother's N	lame:			
	Have they complete	ed a course:						
3.	Education:							
4.	Name Of School/Co				Std/Year:			
5.	Will a friend or family member be taking this course as well?					o Y		
	If yes, write Nam	e and relationship				11	0 1	CS
6.	EMERGENCY CO	NTACT NAME & N	UMBER (Also m	ention the r	elationship to the p	erson):		
	Language Comprehension: How well do you understand the language(s) in which this course will be conducted?			F	Basic Inter	mediate	Expert	
						mediate mediate	Expert Expert	
	Prefer	red language of Instruc	ctions/Discourses:				mediate	Expert
For	Old Students (Detai	ils of courses done in	the tradition of S	Sayagyi U b	a Khin as taught by	y S.N. Goen	ka)	
1.	First Course: Date		Location		Teacher(s)			
2.	Most Recent Cours	e (Sat): Date	Location		Teacher(s) _			
3.	No. of courses comp	oleted: Teenager's:	10-Days:	Anap	ana:			
4.	Have you maintained	d your practice of Vipa	assana meditation	since your la	ast course?	No	Yes	
	If yes, please give de	etails (how much time	daily, etc.).					

For All Students (New and old students)					
Vipassana is a non-sectarian technique which resultant highest happiness of full liberation. I facilitate a smooth transition of your course, w	Its purpose is never simply to cure diseases.	. But, in o			
Do you have any past/present - physical health co details such as medication, dosage, treatment, hos		No	Yes		
Do you have any past/present history of psycholo give complete details such as medication, dosage, etc.):		No	Yes		
3. a) Any past addictions to Tobacco, Alcohol or Dr	rugs (If yes, please give details) :	No	Yes		
4. Do you have any past/present experience with Reik practices? If yes, please give details:	ci, spiritual healing or any other meditation	No	Yes		
I hereby agree to set aside all past spiritual/religious any religious or spiritual objects for 10-days. All read the Course Office for 10-days.					
I acknowledge that I have carefully read and understopered Parental Consent Our son/daughter wishes to join the 7-day Teenagers stringent code of discipline for such a course and are any pressure on him/her to join this course. I fully understand that the Center does not have any not the consequences arising out of any illness during the I hereby certify that the above information is true to the In addition, I hereby consent to the storage and hand identifiable information in accordance with the Privace.	s' Vipassana course with our consent. We are a confident that he/she will abide by it sincerely medical facility and thereby the management we period of the course. I am joining this course the best of my knowledge.	ware of the y. We have rill not be lon my own	e not put liable for n free will. onally		
Applicant Signature Date					
Parent Signature					
Assistant Teacher's Recommendation					
I have personally interviewed the applicant and explait the Teenagers' Vipassana Course. I have also enquired she is willingly participating in this course without any age, given by the applicant. I am sure that he/she will be applicant.	d about his/her health background. I have exan y pressure. I have verified the information, par	nined that	he/		
Recommending AT Name:	Date:		•		