



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

TEENAGERS' 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	Mobile: _____ Email: _____				

1. **Photo ID Type:** Passport Aadhar Card PAN Card National ID **ID No.:** _____

2. **Parent's Details:** _____ (Mention your ID number above)

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: _____ Details: _____

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

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

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?

Preferred language of Instructions/Discourses: _____

Basic	Intermediate	Expert
Basic	Intermediate	Expert
Basic	Intermediate	Expert
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. No. of courses completed: Teenager's: _____ 10-Days: _____ 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 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

4. 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 declare that I have read and studied the code of discipline for the meditation course and accept the seriousness of the rules and regulations. I wish to join the course. I have taken this decision on my own accord without any pressure. If accepted, I promise faithfully to stay for the entire seven days and abide by all the rules.

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 7-days. All reading, writing material, mobile phones etc. should be deposited at the Course Office for 7-days.

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.

Applicant Signature: _____

Date: _____

Parental Consent

Our son/daughter wishes to join the 7-day Teenagers' Vipassana course with our consent. We are aware of the stringent code of discipline for such a course and are confident that he/she will abide by it sincerely. We have not put any pressure on him/her to join this course.

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Assistant Teacher's Recommendation

I have personally interviewed the applicant and explained to him/her all the requirements and code of discipline of the Teenagers' Vipassana Course. I have also enquired about his/her health background. I have examined that he/she is willingly participating in this course without any pressure. I have verified the information, particularly the age, given by the applicant. I am sure that he/she will be able to follow the discipline of the course.

Recommending AT Name: _____

Date: _____