Application Form:

12-day Vipassana Meditation Course For School Teachers

I hereby declare that I have read and studied the Code of Discipline for the Vipassana Meditation course. I accept the seriousness of the rules and regulations and I promise faithfully to stay for the complete 10 days and abide by all the rules.

My Full Name:				
Gender:	Age:	Education:		
Contact Addres	ses:			
Residential Add	lress:			
Pincode:		E-mail:	Tel no - Home: Mobile:	
School Name &	Address:			
Pincode:		E-mail:	Tel no:	
Designation in S If you are a Sch		in which standard y	ou are teaching:	
Mother Tongue):	Other known languages:		
Give detail of an medication you		•	em you have now or had in recent past and details of	
Give details of a		•	al healing you are practicing or teaching now or in past. For	
If you have don	e this Vipass	ana Meditation befo	ore also then please let us know:	
No of Courses:		Last course date:		
Any other infor	mation you	wish to share:		
Date:			Sign:	
We wish you a	very success	ful Course! Be Happ	y!	