

Yoga Vidya Pranik Healing Foundation of West Bengal

14, Ram Mohan Dutta Road, Soham, 2nd floor, Kolkata 700020.

Phone: 8276010660

ARHATIC BOOT CAMP 2019

Personal Information:

Name: _____

Age: _____ Sex: M ☐ / F ☐

Address: _____

Pin: _____ Email: _____

Mobile: _____ In case of emergency call on: _____

Detail of Arhatic Yoga Prep you have taken:

Course Date	Instructor	Name of the Foundation

Occupancy: Please tick ☐ **Single** (₹16,000/-) ☐ **Double** (₹11,000/-) ☐ **Triple** (₹10,000/-)

Transport : Please tick ☐ **Required** ☐ **Not required**

Disclaimer: I am participating in this Seminar at my own risk and my own free will. I take full responsibility for participating in this programme. I release the instructors, all organisers and assistants of this seminar from all damage whatsoever and waive all rights to compensation on care of injury. I declare that I am physically and mentally able to participate in this seminar and will keep confidential all the proceedings. I verify that the information given above is true to best of my knowledge.

Vow of Secrecy: I, hereby state that, having had the privilege of being accepted as a student in MASTER CHOA KOK SUI'S above referred session, do solemnly swear to keep Secret and Confidential, all the sacred teachings taught in the said session.

On my Honour, I sincerely promise to preserve these sacred teachings in their purest form, and practice them in the proper and correct manner; I also promise to prevent misuse or incorrect practice of these teachings by persons who have not been adequately instructed.

With the Lord God as my witness, and my Higher Self as my guide, I shall uphold this Vow of Secrecy and I will not divulge to anybody, under any circumstances, verbally or through the reproduction of written material, or through some other form, in whole or in part, any of the teachings, principles and techniques from the session.

I make this solemn vow freely and voluntarily, with no mental reservation or purpose of evasion, I hereby affix my signature.

Date: _____ Place: _____ Signature: _____

I am enclosing cash / DD / Cheque No. _____ dated _____ drawn on _____
for Rs. ₹ _____ being the fees for participation in this seminar.

**NEFT/ RTGS
Details**

Name: YVPH FOUNDATION OF WB

Bank: Canara Bank | Branch: 203, Sarat Bose Road. Kolkata-700029

Account No: 0323101034081 | IFSC Code: CNRB0000323