



**KRIYA YOGA WORKSHOP IN DUBAI,
24th to 26th November, 2016**

For official use

No. _____

REGISTRATION FORM

(1) Name (In capital):

(2) Name of Father/Spouse:

(3) (a) Gender: Male / Female (b) Marital status: Married / Unmarried

(4) Religion: Buddhist / Christian / Hindu / Jain / Muslim / Sikh / Any other.

(6) Date of Birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--	--	--

(7) Educational Qualification:

(8) (A) Occupation:

(B) Visa Status :

(9) Address:

(10) Mobile Phone:

(11) Email :

(12) Are you experiencing any of the following health conditions?

High BP Heart Problem Back Pain Epilepsy Pregnancy Asthma

Others _____

(13) Have you undergone any psychiatric treatment? Yes / No

If Yes, Give details _____

(14) Are you currently on any prescribed medication? Yes / No.

If Yes, Give details _____

(You are expected to take your medication on time, and if any special care is needed, please let us know)

(15) Please mention any other program in the field of self-development you are practicing and/or teaching: _____

(16) State your area of expertise or interest that can be utilized for Kriya organizational work.

(17) I will join the weekly Group Meditation on Friday or Saturday.

DECLARATION

I declare that I am physically and mentally capable to participate in this program. I accept full responsibility for the outcome of my own participation and will hold no person or entity liable on any count. **I will not teach any of the techniques of this course to anybody else unless otherwise I am officially authorized by Prajnana Mission.**

DATE: ___/___/___

SIGNATURE _____

Affix your
Photograph