

APPLICATION FORM

* I would like to participate in the Children's Anapana Meditation Course from
dt:_____ to dt:_____ at _____.

* I undertake to observe five precepts, namely, practicing abstention from killing,
stealing, lying, sexual misconduct and use of intoxicants. I undertake to abide by the
course Timetable and discipline.

* I also agree to stay for the entire duration of the course

Signature:

Date:

FULL NAME :

GIRL/BOY :

AGE:

FULL ADDRESS :

PINCODE:

PHONE NOS :

E-MAIL :

EDUCATION:

SCHOOL :

MOTHER TONGUE:

ANY PHYSICAL AILMENTS:

ANY MENTAL AILMENTS:

ANY MEDICATION :

ANY OTHER TYPE OF MEDITATION PRACTICED BEFORE :

IF YOU ARE AN OLD STUDENT (Have you attended any Anapana courses in the
past?)

FIRST COURSE

LAST COURSE

TOTAL NO OF COURSES

ARE YOU PRACTICING DAILY