## 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 abstealing, lying, sexual misconduct and use of intoxicants. I u 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	RE:
IF YOU ARE AN OLD STUDENT (Have you attended any A	Anapana courses in the
past?)	
FIRST COURSE	
LAST COURSE	
TOTAL NO OF COURSES	
ARE YOU PRACTICING DAILY	