



VIPASSANA RESEARCH INSTITUTE

PARIYATTI BHAVAN, GLOBAL VIPASSANA PAGODA CAMPUS, NEXT TO ESSEL WORLD, GORAI VILLAGE, BORIVALI (WEST), MUMBAI – 400091, MAHARASHTRA, INDIA.

TELEPHONE : +91-22-28451204 Extn : 560; E-MAIL : mumbai@vridhamma.org

WEBSITE : www.vridhamma.org

APPLICATION FORM FOR PALI RESIDENTIAL COURSE

| I. Course Detail | | | | | | | | | | | | | | | |
|---|----------------------------|-------------------|--------------------------|--|--|----------------|-------|--|----------------|------------------------------|--|-----------------------------|--|--|--|
| From (Date) | | | To (Date) | | | Course | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Can you read, write and understand the language in which the course is being conducted? | | | | | | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| Other Languages Known : | | | | | | | | | | | | | | | |
| II. Personal Information (In Block Letters) | | | | | | | | | | Affix your recent Photograph | | | | | |
| Last Name | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | |
| Gender (Click ✓) | | Marital Status : | | Date of Birth : | | | Age : | | | | | | | | |
| <input type="checkbox"/> M | <input type="checkbox"/> F | | | DD/MM/YYYY | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| City /Town | | | Pin Code | | | | | | | | | | | | |
| State | | | Country | | | | | | | | | | | | |
| Aadhaar No* / Passport No | | | | | | | | | | | | | | | |
| Telephone No. | | | Mobile No | | | | | | | | | | | | |
| E-mail ID | | | | | | | | | | | | | | | |
| Educational Qualification | | | Total years of Education | | | | | | | | | | | | |
| Are you Student ? (Click ✓) | | Yes | No | If you are a student, please fill in current detail about Course & Subject Institute Name: | | | | | | | | | | | |
| Have you learnt Pali Language ? | | Yes | | No | | If Yes, When ? | | | Institute Name | | | | | | |
| Occupation | | Occupation Detail | | | | | | | | | | | | | |
| Experience in other fields | | | | | | | | | | | | | | | |

* - For Indian Students

| III. Details of experience in Vipassana Meditation | | | | | | | | |
|--|-----|--------------|----------------|--------|------------|--------|------------------------------|-----------------------------|
| 1. Are you committed exclusively and fully to the practice of Vipassana Meditation as taught by Shri S. N. Goenka and his Assistant Teachers? (Click ✓) | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Write below the number of courses you have attended with Shri S. N. Goenka or his Assistant Teachers? | | | | | | | | |
| 10-Day | STP | Spl. 10-Day | 20-Day | 30-Day | 45-Day | 60-Day | TSC | |
| | | | | | | | | |
| Details of Courses | | Month & Year | Place / Centre | | Name of AT | | | |
| First Course | | | | | | | | |
| Latest Course | | | | | | | | |
| Latest Long Course | | | | | | | | |
| 1. Are you following the five precepts scrupulously for last one year? | | | | | | | | |
| 2. Are you maintaining daily morning and evening meditation practice of one hour each, for past two years? | | | | | | | | |
| IV. Other Details | | | | | | | | |
| 1. Do you have any past or present physical or mental diseases? If YES, please give details. | | | | | | | | |
| | | | | | | | | |
| 2. Are you a Vipassana Teacher? : No /AT / SAT / Teacher | | | | | | | | |
| 3. Please enclose separately a brief biography. | | | | | | | | |
| 4. Please enclose separately a description of your participation in any of the affiliated Vipassana centres or organizations, specifying whether or not you have been involved in service anywhere, and if so to what extent. | | | | | | | | |
| Note: | | | | | | | | |
| 1. Submission of AREA TEACHER/ SENIOR A.T. RECOMMENDATION FORM is compulsory for students applying for Residential course. (Form on next page) | | | | | | | | |
| 2. Please send a copy of your Educational Qualification Certificates with the form. | | | | | | | | |
| 3. You may also send scanned copy of the form and certificates via email to mumbai@vridhamma.org | | | | | | | | |
| <p>I, Declare that I shall abide by the rules and discipline of Vipassana Research Institute till the end of the course. I will also abstain from any vocal or physical actions that may disturb the Dhamma atmosphere or the students participating in meditation and Pali study programme.</p> <p>Place : _____</p> <p>Date : ____/____/____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature</p> | | | | | | | | |

AREA TEACHER/ SENIOR A.T. RECOMMENDATION FORM
(Mandatory for students applying for Residential course only)

TO BE COMPLETED BY AN AREA TEACHER OR SENIOR A.T.

(Please send this form directly to the above address or you may send a scanned copy to mumbai@vridhamma.org for earlier notification)

Name of Applicant : _____

Name of Area Teacher : _____

1. How long have you known this applicant? : _____
2. How many courses have he/she served with you? : _____
3. In your opinion is the applicant fully committed to the practice of Vipassana meditation as taught by Shri S.N. Goenka? : _____

From your discussions with the applicant:

1. Does he/she have a realistic understanding of the conditions in India and Dhamma centers in India-cultural, climatic etc.?
: _____
2. In your opinion, is he/she able to adapt to such conditions?
: _____
3. Is he/she prepared to respect and follow the directions of the Teacher and management of Vipassana Research Institute?
: _____
4. Is he/she able to live in harmony with fellow students of varying backgrounds?
: _____
5. Does he/she have the volition not only to meditate but also to make all efforts to fully commit to this intensive language course?
: _____
6. Will he/she be willing to accept the facilities offered without expecting special arrangements?
: _____

7. Does he/she understand that he/she has to follow the prescribed Timetable meticulously which include study classes, self-study & meditation?

: _____

8. Does the student have a good working knowledge of English language?

: _____

9. Is he/she maintaining the daily morning and evening meditation practice regularly since last one year?

: _____

10. Is he/she following the five precepts scrupulously for the last one year?

: _____

11. How would you rate the applicant in the following areas?

| Self-dependence : | Adaptability : | General emotional maturity : |
|-------------------|----------------|------------------------------|
| ____ / 10 | ____ / 10 | ____ / 10 |

Please add any further relevant information known to you about the student.

: _____

: _____

In summary, will you recommend this applicant?

: _____

Place : _____

Date : ____/____/____

Signature of Recommending Area Teacher