

VIPASSANA RESEARCH INSTITUTE

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

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E-MAIL: mumbai@vridhamma.org

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APPLICATION FORM

I. Course D	eta	ils																		
From (Date)	To (Date)				University of Mumbai affiliated Course							Medium of Instruction								
4 th Jan 2020	21st Mar 2020				'Abhidhamma in Daily life' Short Course							Hindi & English								
Can you read, write conducted?	te an	ıd t	ınde	rsta	nd th	ne la	ngu	age i	n w	hich	the	cou	irse is	s be	ing		Y	es		No
II. Persona	l In	for	ma	tio	n	(In	Bl	ock	Le	tters)					•		•		
Last Name																				
First Name												Affix your recent Photograph								
Middle Name																				
Gender (Click ✓)	Marital Status					D	Date of Birth:					Ag	e:							
	-					DD	DD/MM/YYYY							1						
Address & Pin Code																				
Aadhaar No.																				
Telephone No.		ı.		,				Mot	oile	No							,			
E-mail ID																				
T 1 1													1							
Educational Qualification		Total year Education											1							
Are you	Yes No If you are a student, please fill in curren				rent d	letai	l ab	out	Cou	rse	&									
Student ? (Click ✓)																				
Have you learnt Pali Language?	`	Yes	3	No			If Yes, When?							Institute Name						
Occupation Occupation	Occupation																			
Experience in other fields							•				•									

III. Details of experience in Vipassana Meditation											
	• Have you completed a 10-day course with S.N. Goenka or any of his assistant teachers ? (Click ✓)										
If Yes, please give 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 ✓)											
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	Year	Plac	ce / Centre		Name of	AT				
First Cour			1100			1 (dillo oi					
Latest Co	urse										
3. Are you following the five precepts scrupulously for last one year ?											
4. Are you maintaining daily morning and evening meditation practice of one hour each, for past two years?											
IV. Other Extra 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											
I undertake to abide by the rules, regulations and discipline of Vipassana Research Institute during the course.											
DI											
Place :											
Date:											
	Signature										

Note: Scanned copy of completely filled application form, along with photograph and educational certificate may be sent to $\frac{1}{2} \frac{1}{2} \frac$