



FARIDABAD INFORMATION CENTER

[www.artoflivingfaridabad.org](http://www.artoflivingfaridabad.org)

For Registration and Information Contact: - 9810384215; 9911168549; 911790070; 9871191126; 9718102482; 9968541012; 9818559180

## Vyakti Vikas Kendra (India)

21<sup>st</sup> Km Stone, Udayapura, Kanakpura Road, Bangalore

### Part I Course Application Form

**PLEASE FILL THIS FORM AND SUBMIT TO AREA TEACHER/ VOLUNTEER WITH THE COURSE DONATION**

(Please write clearly in BLOCK LETTERS. All information in this application will be kept strictly CONFIDENTIAL)

**Please Tick the Batch (You Wish to Join)**

Morning

Evening

Name: Miss/Mrs/ Mr. .... Male/Female.....

Address.....

..... City ..... Pin .....

E-mail: ..... Date of Birth: .....

Phone Resi: .....Office: .....Mobile: .....

Profession: .....specializations.....

**1. Are you experiencing any of the following Health Conditions?**

Asthma [ ] Pregnancy [ ] Heart Condition [ ] High Blood Pressure [ ] Back Pain [ ]

Epilepsy [ ] Tuberculosis [ ] Schizophrenia [ ] others (Please specify) .....

**2. Are you taking any Prescribed Medicine?** Yes [ ] No [ ] If Yes, Please explain.....

**3 Have you ever undergone Psychiatric Treatment?** Yes [ ] No [ ] If Yes, Please explain.....

**4 Please list any other programmers in the field of self-development you have participated in/taught yourself.....**

**5. How did you come to know about The Art of Living?** .....

**6. If you are repeating this course give the Name of the Teacher and Course Date** .....

#### Declaration

I understand that any benefits derived from this course Depend upon the extent of my participation. I therefore Accept full responsibility for the outcome. I willingly agree to follow all instructions and commit myself to attend all sessions without any exception. I also agree that I will not disclose the contents of this Course to anyone. I declare that I am physically and mentally able to participate in this Course.

Place. ....Date. ....Signature. ....

#### Acknowledgment Slip ART OF LIVING FARIDABAD

**For Information Contact:** - 9810384215; 9911168549; 911790070; 9871191126; 9718102482; 9968541012; 9818559180;

**IMPORTANT:** > Please carry the acknowledgment slip with you.

> Please switch off your mobile phone before entering the Venue.

> Please be seated before 10 Minutes start of the course & come in loose clothing to do the asana.

> Please bring your Water Bottle along with you.

Received from ..... Resident of ..... City .....

A sum of Rs. .... by Cash/DD No. .... Dated ..... Payable on

..... Bank, made in favor of "FV V K I C" payable at BANGALORE.

Name .....

Signature of Recipient ..... Date .....

[www.artoflivingfaridabad.org](http://www.artoflivingfaridabad.org)