



Art of Living Course

College Application Form *This application will be kept confidential*

Name:

Course Dates:

School Address:

City:

Permanent Address:

City:

Mobile Phone:

E-mail:

School Major:

Date of birth:

Year of Birth:

Sex Male _____ Female _____

How did you find out about this course?

Briefly describe your mental and physical health:

Have you had a history of mental illness?

If you are presently under the care of a physician, psychiatrist, or have been recently hospitalized, please describe:



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Please list any long-standing health problems or recent health concerns (including asthma, high blood pressure, heart disease, breathing problems, emphysema, diabetes and epilepsy)

Please describe in detail any medications you are taking

Please list any meditation techniques or other self-development courses/techniques you have done:

Date Course/Technique Experience and/or Results

It is compulsory to attend all sessions of the course. Taking notes and the use of tape recorders is prohibited.

Agreement: I understand that any benefits derived from this course will depend on the extent of my participation. I take responsibility for myself in this matter and agree to follow course instructions and participate fully.

I will respect the integrity of the information and skills shared with me and agree not to disclose the content of the course to others or attempt to instruct others in any of the techniques learned

Today's date:

Signature:

After filling this form email it to artoflivingpakistan@hotmail.com and you will be assigned a serial number.

Financial - For Office Use Only

Deposit _____

Balance _____



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