

PREKSHA PRASHIKSHAK CERTIFICATE EXAMINATION

DATE :

Place :

REGISTRATION FORM : LEVEL I

Name	:				
Date of birth	:		Sex		Marital Status
Occupation	:	Business /Service		Other	_____
Address	:				
Mobile No.	:			Phone No.	
Email ID	:			Education	
Appearing for Level	:	Level I	<input type="radio"/>	Level II	<input type="radio"/>
				Sr. Level	<input type="radio"/>
				Other	<input type="radio"/>
Detail of 8 days residential camp	:	Place :	Date :		
		Key Faculty	Organized by		
Details of 15 day training for level I	:	Place :	Date :		
		Key Faculty	Organized by		
Knowledge	:	1. Basic Knowledge of Preksha Meditation		Yes	<input type="radio"/>
		2. Full Kayotsarg		Yes	<input type="radio"/>
		3. Four steps of Preksha Meditation		Yes	<input type="radio"/>
		4. Yogic Exercises : Head, Eyes, Ears, Shoulder and Hands		Yes	<input type="radio"/>
		5. Asan : Tadasan, Trikonasan, Padhastasan, Uttanpadasan Sarvangasan, Matsyasan, Pavanmuktasan, Bhujangasan, Sashankasan and Ardhmatsendrasan		Yes	<input type="radio"/>
		6. Pranayam : Anulom-Vilom; Kapalbhathi, Ujjai		Yes	<input type="radio"/>
Ready to take Responsibilities	:	1. Self Preksha Meditation Practice : 3 hours per week			
	:	2. Preksha Meditation Practice to other : 50 hours per year			
	:	3. Timely submission of report as prescribed by the Preksha Foundation			

The information given above is correct.

Date :

Signature