

PREKSHA PRASHIKSHAK CERTIFICATE EXAMINATION

DATE : _____

Place : _____

REGISTRATION FORM : LEVEL II

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 one month training for level II	:	Place :		Date :	
		Key Faculty		Organized by	
Worked as Level I trainer	:	Yes	<input type="radio"/>	No	<input type="radio"/>
		Preksha Meditation to others : 50 Hours		Yes	<input type="radio"/>
				No	<input type="radio"/>
Knowledge	:	1. Knowledge of all components of Preksha Meditation			
		Yes <input type="radio"/> No <input type="radio"/>			
		2. Knowledge of body on key 8 system			Yes <input type="radio"/> No <input type="radio"/>
		3. Complete Yogic Exercises			Yes <input type="radio"/> No <input type="radio"/>
		4. All Asan suggested during Preksha Meditation			Yes <input type="radio"/> No <input type="radio"/>
		5. Pranayam : suggested during Preksha Meditation			Yes <input type="radio"/> No <input type="radio"/>
Ready to take Responsibilities	:	1. Preksha Meditation Practice to other : Regularly			
	:	2. Timely submission of report as prescribed by the Preksha Foundation			
	:	3. Provide services as advised by Preksha Foundation for 10 days in a year			

The information given above is correct.

Date :

Signature