



# Vipassana Meditation

As taught by S.N. Goenka  
in the tradition of Sayagyi U Ba Khin

For official purposes only

Conf. No.	Group No.	Acc. No.
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## SEVA APPLICATION FORM

**INCOMPLETE FORMS WILL NOT BE ACCEPTED. PLEASE FILL UP ALL FIELDS.**

**Course Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**Center:** \_\_\_\_\_

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name (Surname)</b>	<b>Gender:</b> Male Female	
<b>Address (with City, Dist., Country etc.):</b>				
Pin code: _____			<b>Age -</b>	
<b>Contact Details</b>	Home: Work:	Mobile: Email:		

1. **Photo ID Type:** Passport    Aadhar Card    PAN Card    National ID    **ID No.:** \_\_\_\_\_  
(Mention your ID number above)

2. **Occupation:**    Past                      Present  
Doctor    Lawyer    Engineer    IT    Business    CA/Acct.    NGO    Student    Defence  
Govt. (Class-1)    Govt. (Class-2)    Real Estate    Agriculture    Teacher    Politician    Other(Please Specify)

**Education:** \_\_\_\_\_

3. **Name Of Organization:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

4. Will a friend or family member be taking this course as well?  
If yes, write Name and relationship \_\_\_\_\_ No    Yes

5. **EMERGENCY CONTACT NAME & NUMBER (Also mention the relationship to the person):**

6. **Language Comprehension:** How well do you understand the language(s) in which this course will be conducted?  
None    Basic    Intermediate    Expert  
None    Basic    Intermediate    Expert  
None    Basic    Intermediate    Expert  
Preferred language of Instructions/Discourses:    None    Basic    Intermediate    Expert

### Details of courses done in the tradition of Sayagyi U ba Khin as taught by S.N. Goenka

1. **First Course:** Date \_\_\_\_\_ Location \_\_\_\_\_ Teacher(s) \_\_\_\_\_

2. **Most Recent Course (Sat):** Date \_\_\_\_\_ Location \_\_\_\_\_ Teacher(s) \_\_\_\_\_

10-day	STP	Special Course	20-day	30-day	45-day	60-day	Teacher's self course	Dhamma Service

4. Have you maintained your practice of Vipassana meditation since your last course?    No    Yes  
If yes, please give details (how much time daily, etc.). \_\_\_\_\_

Other Details

**Vipassana is a non-sectarian technique which aims for the total eradication of mental impurities and the resultant highest happiness of full liberation. Its purpose is never simply to cure diseases. But, in order to facilitate a smooth transition of your course, we require the following health information.**

1. Have you served in a course before? If yes, please give details of your seva e.g which area you have served such as hall, dining etc. No Yes

2. Do you have any past/present history of physical/mental health conditions? (If yes, please give complete details such as medication, dosage, treatment, hospitalizations etc.): No Yes

3. a) Any past addictions to Tobacco, Alcohol or Drugs (If yes, please give details) : No Yes

b) Any current use of Tobacco, Alcohol or Drugs (Specify Substance, Frequency and last use) No Yes

4. For women applicants: If Pregnant, please indicate which month (Note: Due to limited medical facilities nearby, we can only accept those applicants who are in the **4<sup>th</sup> to 7<sup>th</sup> month** of pregnancy): \_\_\_\_\_

5. Do you have any past/present experience with Reiki, spiritual healing or any other meditation practices? If yes, please give details: No Yes

I hereby agree to set aside all past spiritual/religious practices, rites , rituals, recitation, fasting and prayers as well as any religious or spiritual objects for 10-days. All reading, writing material, mobile phones etc. should be deposited at the Course Office for 10-days.

I acknowledge that I have carefully read and understood the Code of Discipline for Meditation Courses. I agree to stay on the course site and to abide by all the rules and regulations for the full duration of the course. I realize that a Vipassana meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it.

I fully understand that the Center does not have any medical facility and thereby the management will not be liable for the consequences arising out of any illness during the period of the course. I am joining this course on my own free will. I hereby certify that the above information is true to the best of my knowledge.

In addition, I hereby consent to the storage and handling on a computer or otherwise of my above stated personally identifiable information in accordance with the Privacy Policy of the facility at which the course is being held.

Signature

Date