



Application Form Sahaj Samadhi Meditation Course

Morning Batch 6.00 AM to 8.30AM

Evening Batch 6.30 PM to 9.00PM

(Please write CLEARLY and in BLOCK LETTERS. All the information provided in this application form will be kept strictly CONFIDENTIAL)

Name: _____

Sex: Male Female Date of Birth: _____

Occupation: _____ Marital Status: _____

Address: (Post Box) _____ (Postal Code) _____ (Email) _____

Telephone: (Residence) _____ (Office) _____ (GSM) _____

Briefly describe your physical and mental health: _____

Are you currently under the care of a physician or psychiatrist? _____

If yes, please describe _____

If taking any prescribed medication, please describe _____

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

Art of Living courses: Part I Part II DSN

Any other courses (non-AOL): _____

About your first Art of Living Part I Course:

Dates: _____ **Location** _____ **Teacher** _____

DECLARATION

I wish to learn Sahaj Samadhi Meditation for my own personal benefit. I agree to attend all sessions and I understand that any benefits from this course depend on my participation. I agree that I will not attempt to instruct others in Sahaj Samadhi Meditation until and unless I have received personal training to do so from SRI SRI RAVI SHANKAR.

Date _____ Place _____ Signature _____

(For Official Use Only)

Course Fee RO _____ Deposit RO _____ Balance RO _____ Collected by _____

Sahaj Samadhi Meditation EXPERIENCE RECORD SHEET

(Please write CLEARLY. All the information provided will be kept strictly CONFIDENTIAL)

Name of the teacher: _____ Date of first experience: _____

Describe your first experience: _____

How do you feel? *(Physically)* _____

(Mentally) _____

Was the process of meditation easy and peaceful? _____

Did you feel sleepy at any point during the meditation? _____

Did the Mantra have an effect in any way? _____

Were you disturbed by thoughts? _____

Were you disturbed by the noise in the environment? _____

Any other comment _____

EXPERIENCE	ON SECOND DAY	ON THIRD DAY
1. Date		
2. How many times have you practiced Sahaj Samadhi Meditation sine the last meeting		
3. How long did you meditate each time?		
4. Were you disturbed by thoughts?		
5. Did you notice any change in breathing during the practice?		
6. Did you remember any time when there was no Mantra yet no thoughts?		
7. After meditation do you feel inclined to rest or did you feel energetic?		
8. Did anyone comment about any change in you?		
9. Do you feel that you have understood how to practice Sahaj Samadhi Meditation?		
10. Any other experience?		