To fill out this form, please save this form to your computer and use the free Adobe Acrobat Reader DC app to fill it out. If you do not have this app on your computer, please download it free from here: https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html



Enrollment Form for Initiation into Babaji's Kriya Yoga

(Kriya Kundalini Pranayama and Meditation)

Proposed Place:	Country:	Date:	
Name:	Gender:	Date of birth:	
Address:			
Telephone:	Email:		

(Your information is kept strictly confidential and complies with general data protection/GDPR. Email is used only for information directly related to Babaji's Kriya Yoga, phone only if required for seminar coordination, address and date of birth only for unique identification.)

Initiation into Kriya Yoga means to receive one's first experience with the techniques involved from someone who has been authorized to reliably reveal them. Confidentiality of the techniques is required to ensure that they will not be passed on to others in a modified or incomplete form.

While no prior experience with Yoga is required, your response to these questions is required for your admission to the initiation, as it will facilitate evaluation of your aspiration and readiness for initiation into Kriya Yoga. To allow us to make this seminar available to you, please co-operate with the legal requirements and read, complete and sign this form fully. Thank you!

Why do you want to be initiated into Babaji's Kriya Yoga?

What do you love most in this world now?

What are your favorite books in spirituality/philosophy/metaphysics?

Have you been initiated into another Yoga lineage before? When/where/by whom? If so, do you continue to practise these techniques?

Have you already been initiated into Yoga or *Babaji's Kriya Yoga* \Box 1st / \Box 2nd / \Box 3rd initiation? When/where/by whom?

Are you prepared to *practise regularly* and faithfully the techniques taught in this initiation? \Box Yes | If not, why:

Are you currently having any significant health problems (e.g. high blood pressure), which might restrict your practice of the postures?

Are you currently taking any *medication* or psychiatric drugs? \Box Yes | \Box Not anymore | \Box I never did. If so, which:

I agree to take full responsibility for my own well-being and health, my experiences and interactions with others during and after this seminar, and in managing unpredictable circumstances, and hence to waive any claims of liability, as per normal standards, against the organizer and its local representatives for this seminar, including teachers, the venue, and the volunteers.

Confidentiality: In accordance with this ancient tradition and with solemn promise to its fountainhead Kriya Babaji, I agree not to publish the content of this teaching and not to reveal to others or teach without authorization of the lineage holder the advanced *Kriya* techniques, into which I will be initiated, and which are given specifically to me and only for my own personal and private use.

Place & Date

Signature

If you have any questions, please call us. Please fill in fields and email or return your fully completed and signed enrolment form: india@babajiskriyayoga.net.

Babaji's Kriya Yoga Trust & Ashram Post Box No. 5608 • Malleshwaram West, Bangalore 560 055, India Ashram Office: 080 - 412 80 812 (Land Line), +(91)-(0) 94999 20007 (Mobile) • Info@babajiskriyayoga.in, • babajiskriyayoga.net. All rights reserved.