

**INTERNATIONAL VIPASSANA MEDITATION CENTRE - No.108, Wijerama Mawatha Colombo 07.
Residential Meditation Programme - Application for Lay persons.**

(Should be received at least 10 days prior to the proposed date of commencement)

01 Name : Mr/Mrs./Miss.

02 Address :

03 Date of Birth : 04 Age :

05 ID No. : 06 Telephone :

07 Citizenship : 08 Mother tongue :

08 Religion : 10 Are you a Teetotaler :

11 Education :

12 Occupation / Posts held :

13 Place of employment :

14 Source of information regarding this Centre :

15 Have you practised meditation previously? Yes/No If yes where :

Do you experience any of the following ? -

16 weakness in memory : 17 hearing deficiency 18 physical weaknesses :

19 evil spirits : 20 epilepsy/fits : 21 mental deficiency

22 Are you taking any medications for any ailments such as mental, heart, kidney problems, diabetes etc.? If so mention the condition being treated in brief and varieties of medicines taken regularly.

.....
(Please note that we do not have facilities for emergency treatments or patients care.)

23 No of days you intend to engage in meditation Days From to
(Maximum period of training 10 days only.)

24 Have you practised meditation at this Centre earlier. If so No of times No of days

25 Whether any relative or friend of yours is participating in a meditation programme at this Centre simultaneously? If so give the Name
.....Period from to

26 I here by certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I have read and understood all rules and regulations applicable to this training and assure that I will abide by all of them. I also certify that I have forwarded the correct information to relevant parties in order to obtain certificates under item nos. 27 and 28 overleaf. I agree to comply with any directions given by the Ven. Kammattanacharya Thero of the Centre, to maintain peace and harmony and to make utmost effort on Vipassana meditation. Upon discovery of any irregularities in my behaviour or conduct or finding any inaccuracy of any information provided by me if the Ven. Kammattanacharya Thero/the Management Committee terminates my period of stay prematurely and informs me to leave the Centre with immediate effect; I agree to comply with such order.

.....
Signature of the Applicant

Date :/...../20.....

Pl. affix a
passport size
colour photo-
graph of
yourself

27 Statement from the person who could be informed in an emergency

Mr\Mrs\.....
the applicant referred to in overleaf who wishes to take part in your meditation training programme is
.....
..... (Relationship) Information provided by him in this application is true
and correct in terms of my knowledge. I am aware of his participation. I agree to comply with any instructions given to me in respect of him by Ven. Kammattanacharya Thero in a state of an emergency.

Details of the person who made the statement referred to above :

Name :

Address :

Mobile phone Land phone :

Occupation :

Age Signature Date/...../20...

28 Reference - To be furnished by The Ven. Chief Incumbent Thero of the Temple where the Applicant is a Devotee / Govt. Grama Seva Niladari of your residential area or a Person known and acceptable to Ven. Kammattanacharya Thero

(Please be kind enough to make your reference considering the spiritual quality of a meditation programme.)
(Members of Lanka Vipassana Samithiya only have to indicate the membership No. Certificate not required.)

Mr\Mrs\Miss..... the applicant is well known to me. The information furnished by him are true and correct in terms of my knowledge. He has not been an offender that has been punished for violating any law of the Country.

Details of the Referee :

Official frank
\Remarks or
Membership No.
L.V.B.S

.....

Name :

Address :

The post :

Telephone No. Signature Date/...../20...

for Office Use Only

Applicant has made a contribution of Rupees..... (A facilitation fee is applicable for foreigners)
..... (Rs.....) for maintenance activities.

Receipt No. Date/...../20.....

Date of receipt of the application/...../20.....

Application contains /does not contain the required information

Signature of the officer in charge Date/...../20.....

Decision of the Ven. Kammattanacharya Thero

Please accommodate \ Unable to accommodate the Applicant

Proposed Date of commencing/...../20..... Date of completion...../...../20..... Room No.....

Remarks

.....
Authentication Date