|  Personal Information |
| --- |
| Name (as in passport): |  |
| Dhamma Name (if any): |  |
| Gender: | ⬜ Bhikkhu (Monk) ⬜ Sāmanera (Novice) ⬜ Layman (Mr.) L⬜ Bhikkhunī ⬜ Nun ⬜ Laywoman (Mrs./Ms.)  |
| Date of Birth (DD/MM/YYYY): |  |
| Date of Ordination (if ordained): |  |
| Passport Number: |  |
| Country of Passport: |  |
| Intended Arrival Date |  |
| Intended Period of Stay |  |
| Occupation/ Profession: |  |
| Religion: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Emergency Contact |
| Name: |  |
| Relationship: |  |
| Address: |  |
| Phone: |  |
| Email:  |  |

| Other Information |
| --- |
| Have you ever practiced at Kyunpin Meditation Center?If yes, how many times, for how long altogether, and when was the last time (MM/YYYY)?  |  |
| Any previous meditation experience? If yes, who was your teacher, which meditation method, for how long, and where? |  |
| How did you hear about this meditation center? |  |
| Do you have any chronic disease or personal ailment?If yes, please list. |  |
| Have you ever experienced or been treated for depression, a nervous breakdown or a psychological condition?If yes, please list the date(s). Has it been resolved? |  |
| What is your purpose of practicing meditation? |  |

**PLEASE READ CAREFULLY AND SIGN BELOW:**

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I undertake to abide strictly by the rules of Kyunpin Meditation Center, practice diligently and follow closely the instructions of the meditation teacher.

*Signature of Applicant*

*Date Signed*