MANASA LIGHT AGE FOUNDATION

Taponagara, Chikkagubbi, Bangalore -560077

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EXTERNAL GUIDANCE FOR MEDITATION

Name and Address	
e-mail ID & Phone No.	
Date of Birth	
Education	
Any earlier practice of Asana, Pranayama or Meditations (Please give details)	
Why are you taking up this Meditation?	
How did you learn about us?	
Would you prefer to join one month Basic Course online (Every Sunday 9.30 am to 10.30 am) or prefer lessons sent through email or post?	

Date : Signature

FOR OFFICE USE

Receipt no _____ Date _____

Entered in the Registers of

NL Subscription ☐ Birthday ☐ Master Addresses ☐ PC ☐