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| |  |  |  | | --- | --- | --- | |  | Khemanandi Meditation Center | | | Batu 6 3/4, Panchor, Jalan Kluang, 83300 Batu Pahat, Johor, Malaysia. | Tel: +6017 803 9831 Email: [KhemanandiMeditationCentre@gmail.com](mailto:KhemanandiMeditationCentre@gmail.com)  Web Site: [www.kmnd.org](http://www.kmnd.org/) | |
| |  | | --- | | **Application Form** | | photo | |  | |  | | **Personal Details** | | Name (Exactly as it appears on your passport): | | Sex: Marital Status: | | Date of Birth: Place of Birth: | | Race: Religion: | | Hobbies: | | Address: | | City: State: Zip Code: | | Country: | | Phone: ( ) Email: | | Passport Number: | | Country on Passport: | | Occupation/Profession: | | If you are members of Sangha please tick: monk, samanera, nun  Sangha name: Monastic name:  Vassa: Preceptor/Country: | | **Emergency Contact** | | Name: Relationship: | | Address: | | Phone: Email: | | Intended Period of Stay at Khemanandi Meditation Center: | |
| Any previous meditation experience (if yes)-teacher, type of meditation practiced, for how long and where?  How did you hear about this meditation center?  Please be thorough and honest in your answers to the questions below so that the Sayadaws can most skillfully guide your practice.   1. Do you have any history of physical illness, limitations or special needs, which might affect your stay in Malaysia, or an illness that requires constant treatment? If so, please be specific. 2. Are you currently taking any drugs or medications? Please list each medication and the condition being treated. 3. Have you ever been diagnosed with a psychological condition? 4. Have you ever experienced or been treated for moderate or severe depression or a nervous breakdown? If yes, please list the date(s). Has the condition been resolved ? 5. What is your purpose of practicing meditation? State your purpose clearly.   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 Khemanandi Meditation Center\*, practice diligently and follow closely the instructions of the meditation teacher. I also understand that Khemanandi Meditation Center will not be responsible in the event of any physical, mental or psychological injury incurred during my stay at Khemanandi Meditation Center.  Signature of Applicant Date Signed  \* The rules include the observance of the eight precepts, such as abstention from food after mid day till dawn, alcohol, drugs and smoking.  ***Please note that the retreat is conducted in English language.***  ***You are most welcome to participate if you have your own interpreters.*** |