

Teacher \_\_\_\_\_

[ Application form 1/2 ]

Room \_\_\_\_\_

( Foreigner )



**Vipassana Meditation Centre**  
**Phradhatu Sri Chomtong Voravihara Monastery**

**• Personal Particulars**

A personal name / full name \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Year Old

Passport No \_\_\_\_\_ Type \_\_\_\_\_ Country code \_\_\_\_\_ Expiry Date \_\_\_\_\_ Valid until \_\_\_\_\_ Days

Type of Visa / Visa Class \_\_\_\_\_ Expiry Date \_\_\_\_\_ Valid until \_\_\_\_\_ Days

Purpose of visit to Thailand \_\_\_\_\_

Present Address \_\_\_\_\_

Education Attained \_\_\_\_\_ Profession \_\_\_\_\_

Thailand Telephone Number \_\_\_\_\_ LINE ID \_\_\_\_\_

Email Address \_\_\_\_\_

**• Experiences**

Experience in this temple & Vipassana Practice \_\_\_\_\_

Source of information about this temple and the course \_\_\_\_\_

Experience on other meditation practice \_\_\_\_\_

Reason to Practice Vipassana Meditation \_\_\_\_\_

Departure dates \_\_\_\_\_ Valid until \_\_\_\_\_ Days

**• Medical and Health Profile**

History of chronic physical/mental illness \_\_\_\_\_

History of alcohol drugs abuse & addiction \_\_\_\_\_

Are you currently on any medication? If so, please state \_\_\_\_\_

Drug Allergy \_\_\_\_\_

Are you currently taking any alcohol or drugs? \_\_\_\_\_

**• In Case of Emergency, please contact my immediate next-of-kin**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**"I hereby certify that the above information is correct and true to the best of knowledge Wat Phradhatu Sri Chomtong Voravihara and/or personnel in-charge not be help responsible for any incident arises during my stay. In addition, I shall strictly observe the temple's rules and regulations as well as meditation given by any meditation teacher and/or related personnel-in-cha"**

Signature \_\_\_\_\_ (1/2)

Date \_\_\_\_\_

