



9 pics

Bring the below mentioned papers at the time of submission of hard copy

Passport Copy .....Required

Bank Statement .....

Police Verification .....Required

Income Tax Record .....

J From.....

Bussiness Infomation .....Required.

Book Your Meditation Camp

Contribution Fee For Astro Travelling Course - \$999 Per Section

Completes a course of 54 sections ( \$999 Multiply 54 )

Contribution fee for Quantum Healing Course (60 Section in this Course ) Course - \$1110 Per Section

Completes a course of 60 sections 1110 Multiply 60

Booking Fees = 6660 USD .....

Booking fees is this much in case of any cancellation 20% amot will be deducted and rest will be refunded

In order to cancel the booking you have to inform before the start of the course

You need to book a minimum of 6660 USD to book a meditation camp. You can contribute more than that. You will be locked in to pay the rest of the amount at the time of the course. All these courses are related to meditation, please attend only those who are interested in meditation.

If you are booking through agent then please enter the agent's booking code .....

If you are using internet banking then please upload while giving transaction.....UPLORD

Declaration:

I hereby acknowledge that the information provided above is accurate and complete to the best of my knowledge. I understand that this application does not guarantee my admission to the meditation camp, and the organizers reserve the right to accept or reject applications based on their discretion.

Applicant's Signature:

Date:-.....

**Meditation Camp Insurance Form (B)**

First Name .....Last Name:-.....

Gender:- .....S/o Sh/Smt.....

Date of Birth: .....Policy Number:.....

Address: .....

Insurance Provider: .....

Policy Holder's Name:.....

Relationship to Applicant:.....

Phone Number (Insurance Provider):.....

Email Address (Insurance Provider):.....

Emergency Contact Information: .....  
Emergency Contact Name:.....  
Relationship to Applicant:.....  
Phone Number:.....  
Email Address:.....

**Medical Information C**

Do you have medical insurance coverage?

Yes

No

Please provide details of your medical insurance coverage (if applicable):

Insurance Provider:

Policy Number:

Do you have any pre-existing medical conditions?

Yes

No

If yes, please provide details of your pre-existing medical conditions:

Do you have any known allergies or dietary restrictions?

Yes

No

If yes, please provide details of your allergies or dietary restrictions:

Are you currently taking any medications?

Yes

No

If yes, please provide details of the medications you are currently taking:

Do you have any specific medical concerns or conditions that the camp organizers should be aware of?

Yes .....

No .....

Consent:

I hereby acknowledge that the information provided above is accurate and complete to the best of my knowledge. I understand that it is my responsibility to ensure that I have adequate medical insurance coverage for the duration of the meditation camp. In the event of a medical emergency, I authorize the camp organizers to seek appropriate medical treatment on my behalf.

Applicant's Signature:

Date:

Please note that this is a sample insurance form, and you may need to modify it based on your specific requirements and the insurance policies relevant to your meditation camp.