

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|----------|-------------------------|---|
| Name | Radlca | : | Holišová |
| Address | | : | 121 Manhattan Ave Hermosa Beach, 90254 |
| Phone No. | / | : | Mobile No. : |
| Age | 32 | : | Sex Female: |
| Disease | | : | Yes/No |
| Period of Start of Disease | | : | / |
| Stress | | : | Yes/No |
| Intensity of Stress | | : | med. high |
| Depression | | : | Yes/No |
| Stage of depression | | : | / |
| Date: | 07/28/14 | Signature of Candidate: | Holišová Radlca |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of he subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ to help those in need

❖ _____

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|---|-------------------------|---------------------------|
| Name | Ana Maria Dorrance | | |
| Address | 995 E Green St 429 Pasadena CA 91106 USA | | |
| Phone No. | +1 415 260 1850 | Mobile No. | : |
| Age | 54 | Sex | : |
| Disease | Cervical Disc Disease : Yes/No | | |
| Period of Start of Disease | : | | |
| Stress | : Yes/No | | |
| Intensity of Stress | : Not high | | |
| Depression | : Yes/No | | |
| Stage of depression | : | | |
| Date: | 28/7/14 | Signature of Candidate: | <i>Ana Maria Dorrance</i> |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No NA *Need to see powerpoint*
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ Chanting

❖ _____

Personal Data Sheet

Date : 19.07.13 Time : Day : Venue :

Referred By (How did you come to know about IHF- TRIHD?
(News Paper/Email/Reference/Any other)

Personal Details:

Name : Anna Sokolova Date of Birth :

Present residential Address :

Land line No : Mobile Number :

E-mail id: annasokolova@yahoo.co.uk

Educational Qualification: Marital Status:

Occupation:

Father's / Spouse Name: Occupation:

Name of the Organization:

Mobile Number: E-mail id:

Educational Qualification:

What are you looking for?/ My goals/aspirations:

To learn about the major principles of Ahimsa how to apply them in everyday life, general philosophy of Jainism.

My best Friend's (Name): Contact Number:

Confidential Questionnaire: (Please fill in all the details and while responding, be your own self, mention the thought that comes in your mind first)

- My idea/concept of "Success" in life.
- How am I perceived by my friend circle?
- Please mention any extracurricular activities you participated in
- My biggest achievement so far:
- Qualities which make me unique are:
- My disappointment so far:
- My belief in astrology
- The most influential person in my life and why:
- The best friend in my opinion is:
- I get angry when:
- Things I like doing most:
- Things I dislike (hate) most:
- Any other aspect which you feel is worth mentioning.

harmony with myself and others
 we have sincere and open relations
 dancing, music, drama, yoga, karate, etc
 success in my studies
 ability to learn, perceive beauty and spirituality
 sometimes I lack of tolerance and patience
 strong
 my parents they formed my character
 person in my trust, we share interests and views
 people should do respect angry and violence
 communication, arts, music
 being involved in non-beneficial activity

Signature

(Note: I am providing above mentioned information on my own wish)

Counselor's Remarks :

Personal Data Sheet

Date : 7/19/13 Time : 9:00AM Day : Friday Venue : ISSJS

Referred By (How did you come to know about IHF- TRIHD?
(News Paper/Email/Reference/Any other)

Personal Details:

Name : Gina Marie Carone Date of Birth : 11-16-1983

Present residential Address : 5 Lori Court
Northport, NY 11768

Land line No : (631) 757-2427 Mobile Number : (631) 375-9631

E-mail id : Carone.gina@yahoo.com

Educational Qualification : B.S., M.A. Marital Status : married

Occupation : teacher (grades 7-12)

Father's / Spouse Name : James Alexander Carone Occupation : Substation operator

Name of the Organization : LIPA (Utility Co.)

Mobile Number : (631) 252-6667 E-mail id : jcarone31@gmail.com

Educational Qualification : high school diploma

What are you looking for?/ My goals/aspirations:

Become more well rounded - to be a great teacher.

My best Friend's (Name): Samantha Gray Lowry Contact Number: (631) 651-8575

Confidential Questionnaire: (Please fill in all the details and while responding, be your own self, mention the thought that comes in your mind first)

- My idea/concept of "Success" in life.
- How am I perceived by my friend circle?
- Please mention any extracurricular activities you participated in
- My biggest achievement so far:
- Qualities which make me unique are:
- My disappointment so far:
- My belief in astrology
- The most influential person in my life and why:
- The best friend in my opinion is:
- I get angry when:
- Things I like doing most:
- Things I dislike (hate) most:
- Any other aspect which you feel is worth mentioning.

peace and happiness
kind, generous, outgoing
science competitions / judging
marriage; home ownership
strong work ethic
not attending
none
James Carone. Consistently encourages me to
wonderful achieve goals.
dishes are left in the sink
taking step class at the gym, dog training
house work
teaching is a second career, I am a dental
hygienist


Signature
(Note: I am providing above mentioned information on my own wish)

Counselor's Remarks :

APPENDIX QUESTIONNAIRE

Spiritual Healing

"Where faith in God is essential element"

| | |
|---|-------------------------|
| Name | : |
| Stephanie Varnon-Hughes | |
| Address | : |
| 1325 N. College Ave. Apt. B209 Claremont, CA 91711 | |
| Phone No. | : |
| Mobile No. | : |
| 909.568.3480 | |
| Age | : |
| 35 | : |
| Sex | : |
| F | : |
| Disease | : Yes/No |
| anxiety | : |
| Period of Start of Disease | : |
| age 17 | : |
| Stress | : Yes/No |
| | : |
| Intensity of Stress | : |
| | : |
| Depression | : Yes/No |
| from ages 17-29 | : |
| Stage of depression | : |
| was hospitalized at age 17, in therapy for 25 years | : |
| Date: | Signature of Candidate: |
| 19 July 2013 | Stephanie Varnon-Hughes |


- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/ Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ very good powerpoint; the cards are beautiful
- ❖ Dr. Manjundain has a warm & generous presence which makes us feel welcome.

APPENDIX QUESTIONNAIRE

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|-------------------------------------|-------------------------|--|
| Name | Gina Marie Carone | | |
| Address | 5 Lori Court Northport, NY 11768 | | |
| Phone No. | 631 757 2627 | Mobile No. | 631 375 9631 |
| Age | 29 | Sex | F |
| Disease | Anxiety | | <input checked="" type="radio"/> Yes/No |
| Period of Start of Disease | | | 10+ years ago |
| Stress | | | <input checked="" type="radio"/> Yes/No |
| Intensity of Stress | | | +++ |
| Depression | | | <input checked="" type="radio"/> Yes/No |
| Stage of depression | | | mild |
| Date: | 7/19/13 | Signature of Candidate: |  |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ diversified student body (perspectives + experience sharing)
- ❖ Content

Personal Data Sheet

Date : 19-07-2013 Time : _____ Day : _____ Venue : _____

Referred By (How did you come to know about IHF- TRIHD?)
(News Paper/Email/Reference/Any other)

Personal Details:

Name : Lisa Date of Birth : _____

Present residential Address : _____

Land line No : _____ Mobile Number : _____

E-mail id: _____

Educational Qualification: _____ Marital Status: _____

Occupation: _____

Father's / Spouse Name: _____ Occupation: _____

Name of the Organization: _____

Mobile Number: _____ E-mail id: _____

Educational Qualification: _____

What are you looking for?/ My goals/aspirations:

My best Friend's (Name): _____ Contact Number: _____

Confidential Questionnaire: (Please fill in all the details and while responding, be your own self, mention the thought that comes in your mind first)

- My idea/concept of "Success" in life.
- How am I perceived by my friend circle?
- Please mention any extracurricular activities you participated in
- My biggest achievement so far:
- Qualities which make me unique are:
- My disappointment so far:
- My belief in astrology
- The most influential person in my life and why:
- The best friend in my opinion is:
- I get angry when:
- Things I like doing most:
- Things I dislike (hate) most:
- Any other aspect which you feel is worth mentioning.

- that I can encourage peace
- I believe I am trusted + respected
- art + art therapy
- raising peaceful + confident sons
- patient + creative
- divorce
- it is influential
- new spouse - renewed love
- someone who encourages growth
- someone hurts another one
- listening + creating
- violence large + small
- I value combining eastern + western healing

Signature

(Note: I am providing above mentioned information on my own wish)

Counselor's Remarks :

APPENDIX QUESTIONNAIRE

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|-------------------------|---|--------------|
| Name | Lisa | : | |
| Address | | : | |
| Phone No. | | : | Mobile No. : |
| Age | | : | Sex : |
| Disease | | : | Yes/No |
| Period of Start of Disease | | : | |
| Stress | | : | Yes/No |
| Intensity of Stress | | : | |
| Depression | | : | Yes/No |
| Stage of depression | | : | |
| Date: | Signature of Candidate: | | |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ The information was presented authentically
- ❖ + I believe I can apply it to my personal
+ professional life.

Dr. Manju Jain
Dr. Shridhar Limbikai

Personal Data Sheet

Date : 7/19/13 Time : 9⁰⁰ Day : Venue :

Referred By (How did you come to know about IHF- TRIHD?
(News Paper/Email/Reference/Any other)

Personal Details:

Name : Laura Hirshfield Date of Birth : 7/22/83

Present residential Address : Boston, MA

Land line No : _____ Mobile Number : _____

E-mail id: _____

Educational Qualification: MEd Marital Status: Single

Occupation: English teacher, grades 9-12

Father's / Spouse Name: _____ Occupation: _____

Name of the Organization: _____

Mobile Number: _____ E-mail id: _____

Educational Qualification: _____

What are you looking for?/ My goals/aspirations:

My best Friend's (Name): _____ Contact Number: _____

Confidential Questionnaire: (Please fill in all the details and while responding, be your own self, mention the thought that comes in your mind first).

- My idea/concept of "Success" in life.
- How am I perceived by my friend circle?
- Please mention any extracurricular activities you participated in
- My biggest achievement so far:
- Qualities which make me unique are:
- My disappointment so far:
- My belief in astrology
- The most influential person in my life and why:
- The best friend in my opinion is:
- I get angry when:
- Things I like doing most:
- Things I dislike (hate) most:
- Any other aspect which you feel is worth mentioning.

fulfillment
? passionate? Not sure
none
mom
loyal
I see injustice
being w/ people, but having time alone
u hate, anger

Signature


(Note: I am providing above mentioned information on my own wish)

Counselor's Remarks :

APPENDIX QUESTIONNAIRE

Spiritual Healing

"Where faith in God is essential element"


| | | | |
|----------------------------|---------|-------------------------|--|
| Name | | Laura Hirshfield | |
| Address | | Boston, MA | |
| Phone No. | : | Mobile No. | : |
| Age | 29 | Sex | F |
| Disease | : | Yes/No | <input checked="" type="radio"/> |
| Period of Start of Disease | : | | |
| Stress | : | Yes/No | <input checked="" type="radio"/> |
| Intensity of Stress | : | | moderate |
| Depression | : | Yes/No | <input checked="" type="radio"/> |
| Stage of depression | : | | |
| Date: | 19/7/13 | Signature of Candidate: |  |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No *medium* share how/why you believe this works?
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No is chanting in English possible? or a translator?
- Q5. How was the presentation by faculty? Excellent/ Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No I need more information
- Q7. What are the best aspects of the program?
- ❖ _____
- ❖ _____

APPENDIX QUESTIONNAIRE

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|---------------|-------------------------|--|
| Name | Teresa Yeager | | |
| Address | : | | |
| Phone No. | : | Mobile No. | : |
| Age | 31 | Sex | F |
| Disease | : | Yes/No | |
| Period of Start of Disease | : | | |
| Stress | : | Yes/No | |
| Intensity of Stress | : | | |
| Depression | : | Yes/No | |
| Stage of depression | : | | |
| Date: | 19/7/2013 | Signature of Candidate: |  |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/ Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ going through the mantras

❖ _____

Personal Data Sheet

Date : July 19 Time : 9:00 A.M. Day : Friday Venue :

Referred By (How did you come to know about IHF- TRIHD?
(News Paper/Email/Reference/Any other)

Personal Details:

Name : Julie Ashworth Date of Birth : 6/6/53
Present residential Address : 2015 Pender Lane, Sioux Falls, SD USA

Land line No : _____ Mobile Number : _____

E-mail id: _____

Educational Qualification: Dr. of Education Marital Status: Married

Occupation: Professor of Education

Father's / Spouse Name: _____ Occupation: _____

Name of the Organization: _____

Mobile Number: _____ E-mail id: _____

Educational Qualification: _____

What are you looking for?/ My goals/aspirations:

My best Friend's (Name): _____ Contact Number: _____

Confidential Questionnaire: *(Please fill in all the details and while responding, be your own self, mention the thought that comes in your mind first)*

- My idea/concept of "Success" in life.
- How am I perceived by my friend circle?
- Please mention any extracurricular activities you participated in Music, choir
- My biggest achievement so far:
- Qualities which make me unique are:
- My disappointment so far:
- My belief in astrology
- The most influential person in my life and why:
- The best friend in my opinion is:
- I get angry when:
- Things I like doing most:
- Things I dislike (hate) most:
- Any other aspect which you feel is worth mentioning.

Signature

(Note: I am providing above mentioned information on my own wish)

Counselor's Remarks :

Personal Data Sheet

Date : 19/07/2013 Time : 9 AM Day : FRIDAY Venue :

Referred By (How did you come to know about IHF- TRIHD?
(News Paper/Email/Reference/Any other)

Personal Details:

Name : TERESA YEAGER Date of Birth : 20/08/1981

Present residential Address : _____

Land line No : _____ Mobile Number : _____

E-mail id: _____

Educational Qualification: BA/MA Marital Status: SINGLE

Occupation: TEACHER

Father's / Spouse Name: _____ Occupation: _____

Name of the Organization: _____

Mobile Number: _____ E-mail id: _____

Educational Qualification: _____

What are you looking for?/ My goals/aspirations:

My best Friend's (Name): _____ Contact Number: _____

Confidential Questionnaire: *(Please fill in all the details and while responding, be your own self, mention the thought that comes in your mind first)*

- My idea/concept of "Success" in life.
- How am I perceived by my friend circle?
- Please mention any extracurricular activities you participated in
- My biggest achievement so far:
- Qualities which make me unique are:
- My disappointment so far:
- My belief in astrology
- The most influential person in my life and why:
- The best friend in my opinion is:
- I get angry when:
- Things I like doing most:
- Things I dislike (hate) most:
- Any other aspect which you feel is worth mentioning.

Signature


(Note: I am providing above mentioned information on my own wish)

Counselor's Remarks :

APPENDIX QUESTIONNAIRE

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|----------------------|-------------------------|--|
| Name | Julie Ashworth | | |
| Address | Sioux Falls, SD. USA | | |
| Phone No. | : | Mobile No. | : |
| Age | : | Sex | : |
| Disease | : | Yes/No | |
| Period of Start of Disease | : | | |
| Stress | : | Yes/No | |
| Intensity of Stress | : | | |
| Depression | : | Yes/No | |
| Stage of depression | : | | |
| Date: | 7/19/13 | Signature of Candidate: |  |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ _____

❖ _____

APPENDIX QUESTIONNAIRE

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|--|-------------------------|---|
| Name | : Gina Chirichigno | | |
| Address | : 76 Pleasant St. #2 Northampton MA 01060 | | |
| Phone No. | : | Mobile No. | : |
| Age | : 34 | Sex | : |
| Disease | : Yes/No | | |
| Period of Start of Disease | : | | |
| Stress | : Yes/No | | |
| Intensity of Stress | : Med to high | | |
| Depression | : Yes/No | | |
| Stage of depression | : Mild | | |
| Date: | 19 July 2013 | Signature of Candidate: | |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? So-so Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

I have experienced positive results through chanting & Yoga (Kundalini), but I am not totally sure how strong my beliefs are. I do think it is possible.

❖ _____

❖ _____

Personal Data Sheet

Date : 19 July '13 Time : 9:00AM Day : Friday

Venue : ISJS

Referred By (How did you come to know about IHF- TRIHD?
(News Paper/Email/Reference/Any other)

Teachers Program
Class

Personal Details:

Name : Stephanie Varnon-Hughes

Date of Birth : 28 Oct. 1977

Present residential Address : 1325 N. College Ave. Apt. B209
Claremont, CA 91711

Land line No : _____

Mobile Number : 909.568.3480

E-mail id: stephanie.varnon-hughes@claremontlincoln.edu

Educational Qualification: BA, MA, STM

Marital Status: M

Occupation: teacher, doctoral student, editor, writer

Father's / Spouse Name: Matthew Varnon-Hughes Occupation: database management

Name of the Organization: Gather Films

Mobile Number: _____

E-mail id: mvarnon@yahoo.com

Educational Qualification: BA, MA

What are you looking for?/ My goals/aspirations:

I want my relationships with family & friends to thrive. I want to be a good leader & teacher. I hope to raise healthy, peaceful, & happy children with my husband. I would like to do good work that enables me to live simply, pay off my student loans, & give to others.

My best Friend's (Name): _____

Contact Number: _____

Confidential Questionnaire: (Please fill in all the details and while responding, be your own self, mention the thought that comes in your mind first)

- My idea/concept of "Success" in life. a safe place with my family to work, rest, study, be faithful, & live
- How am I perceived by my friend circle? Kind, funny, generous, open-hearted
- Please mention any extracurricular activities you participated in church, interfaith, art, choir, community garden
- My biggest achievement so far: getting into a PhD program, a happy marriage, good relationships, health
- Qualities which make me unique are: artistic, creative, good writer
- My disappointment so far: _____
- My belief in astrology _____
- The most influential person in my life and why: my teachers, my Grandmother - taught me, believed in me,
- The best friend in my opinion is: My husband, friends from childhood, & classmates. helped me.
- I get angry when: injustices happen, especially to children
- Things I like doing most: reading, writing, cooking, being with friends - with my pet dog, traveling, teaching
- Things I dislike (hate) most: _____
- Any other aspect which you feel is worth mentioning. _____

Stephanie Varnon-Hughes

Signature

(Note: I am providing above mentioned information on my own wish)

Counselor's Remarks :

Personal Data Sheet

Date : 7/19/13 Time : 9:01 AM Day : Friday Venue : Issjs School

Referred By (How did you come to know about IHF- TRIHD?
(News Paper/Email/Reference/Any other) Shugan Jam

Personal Details:

Name : BRANDI DESSELLE Date of Birth : 01/02/1985

Present residential Address : 605 W. Bell St.
Houston, Tx 77019 USA

Land line No : _____ Mobile Number : _____

E-mail id: avedeamore@gmail.com

Educational Qualification: Bachelors Degree Marital Status: _____

Occupation: Teacher

Father's / Spouse Name: Roy Desselles Occupation: Retiered

Name of the Organization: _____

Mobile Number: _____ E-mail id: _____

Educational Qualification: High School

What are you looking for?/ My goals/aspirations:
Preventative disease methods

My best Friend's (Name): Jessica Bler Contact Number: 832-868-4152

Confidential Questionnaire: (Please fill in all the details and while responding, be your own self, mention the thought that comes in your mind first)

- My idea/concept of "Success" in life.
- How am I perceived by my friend circle?
- Please mention any extracurricular activities you participated in
- My biggest achievement so far:
- Qualities which make me unique are:
- My disappointment so far:
- My belief in astrology
- The most influential person in my life and why:
- The best friend in my opinion is:
- I get angry when:
- Things I like doing most:
- Things I dislike (hate) most:
- Any other aspect which you feel is worth mentioning.

Truth to ones self
Honest, unique.
Bicycle.
Returning to my self.
Devotion to Learning
Society &
Cosmos/Quantum physics
My Best Friend. Examples of Good:
Myself, and Jessica Bler Bad:
I have unrealistic expectations.
Bicycle. Interacting w/ animals
and people warfare.

Signature

(Note: I am providing above mentioned information on my own wish)

Counselor's Remarks :

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|-------------------|-------------------------|--------------|
| Name | Miss Sarpta Pawar | | |
| Address | 7 tecca : | | |
| Phone No. | 9860060151 : | Mobile No. | : 9860060151 |
| Age | 35 : | Sex | : Female |
| Disease | : Yes/No | | |
| Period of Start of Disease | : | | |
| Stress | : Yes/No | | |
| Intensity of Stress | : | | |
| Depression | : Yes/No | | |
| Stage of depression | : | | |
| Date: | 23/10/09 | Signature of Candidate: | Sarpta |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ _____

❖ _____

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|-------------|--|-----------------|
| Name | : | N.P. Khobragade | |
| Address | : | Chocs Colony, Plot No. 10, Kamptee Road, NAGPUR | |
| Phone No. | 07122648249 | Mobile No. | : 9422143642 |
| Age | 55 Yrs. | Sex | : M |
| Disease | : | Yes/No | |
| Period of Start of Disease | : | | |
| Stress | : | Yes/No | |
| Intensity of Stress | : | | |
| Depression | : | Yes/No | |
| Stage of depression | : | | |
| Date | | Signature of Candidate: | N.P. Khobragade |

- Q1. Do you have a faith in spiritual healing? Yes/~~No~~
- Q2. Was there clarity in understanding? Yes/~~No~~
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/~~No~~
- Q5. How was the presentation by faculty? Excellent/~~Good~~/~~Satisfactory~~
- Q6. Can you perceive utility of this program? Yes/~~No~~
- Q7. What are the best aspects of the program?

❖ Japa.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs Sangita Agrawal
Address : 106 Gayatri Vihar
Ambedkar square, Nagpur.
Phone No. : Mobile No. : 9423109475
Age : 44 Sex : Female
Disease : Yes/No
Period of Start of Disease : -
Stress : Yes/No
Intensity of Stress : little
Depression : Yes/No
Stage of depression : -
Date: 17/6/09 Signature of Candidate: Agrawal.

- Q1. Do you have a faith in spiritual healing? Yes/No
Q2. Was there clarity in understanding? Yes/No
Q3. Did you gather knowledge of the subject? Yes/No
Q4. Was the study material relevant? Yes/No
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
Q6. Can you perceive utility of this program? Yes/No
Q7. What are the best aspects of the program?

❖ It was really helpful.

❖

Spiritual Healing

"Where faith in God is essential element"

Name : A. ROHANA Y. AWACHAR

Address : Breema Nagar, Hazariphad
Katal Road

Phone No. : _____ Mobile No. : 9923080132

Age : 37 years Sex : Female.

Disease : Yes/No

Period of Start of Disease : _____

Stress : Yes/No

Intensity of Stress : _____

Depression : Yes/No

Stage of depression : _____

Date: _____ Signature of Candidate: _____

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ _____

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Meena Chauhan
Address : Flat no 302, Riddhi Siddhi Apt,
Ishkripa housing society, Sadiqueabad, Maharashtra
Phone No. : - Mobile No. 9822935098
Age : 34 years Sex Female
Disease : Yes/No
Period of Start of Disease : -
Stress : Yes/No
Intensity of Stress : -
Depression : Yes/No
Stage of depression : -
Date: 17/6/09 Signature of Candidate: Chauhan

- Q1. Do you have a faith in spiritual healing? Yes/No
Q2. Was there clarity in understanding? Yes/No
Q3. Did you gather knowledge of the subject? Yes/No
Q4. Was the study material relevant? Yes/No
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
Q6. Can you perceive utility of this program? Yes/No
Q7. What are the best aspects of the program?

❖ a) Mantras recitation and its correct pronunciation
was told b) Importance of Yantras

Spiritual Healing
"Where faith in God is essential element"

Name : Ramit Kaur Behal
Address :
Phone No. : 17, Guru Nanak Pura, Nagpur.
2632310 Mobile No. : 9850653670
Age : 24 Sex : F
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression : -

Date: 17.06.09

Signature of Candidate:



- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ It really made us feel close to God.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Ritu Shailesh Dhongde
Address : 55, 'Samyak Drishti', Pragati Nagar
Jaitala Road, Nagpur 440016
Phone No. : _____ Mobile No. : 9881120817
Age : 32 yrs Sex : Female
Disease : Yes/No
Period of Start of Disease : _____
Stress : Yes/No
Intensity of Stress : _____
Depression : Yes/No
Stage of depression : _____

Date: 17/06/09

Signature of Candidate:



- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ _____

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Ms. POOJA PUNIYANI
Address : 1364-G5, "POOJA PALACE"
Deshpande Layout, NAGPUR
Phone No. : 2730100 Mobile No. : 9823462900
Age : 24 Sex : F
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress : Low
Depression : Yes/No ✓
Stage of depression :

Date: 17/06/09

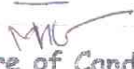
Signature of Candidate: 

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

* It helps you to build up "Faith"
* _____

Spiritual Healing

"Where faith in God is essential element"


Name : Madhumati Goswami
Address : 193, Ramnagar
Phone No. : Mobile No. : 9373355302
Age : 36 Sex : F
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress : Mild
Depression : Yes/No
Stage of depression :
Date: Signature of Candidate: 

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ The enchanting of the Mathras, presentation,
- ❖ Clear concepts, easy understanding

Spiritual Healing

"Where faith in God is essential element"

Name :- Pravin Gopal Rathe.
Address :- C/o Asaramji Gajbhaye Hingna Road
Near Hingna T. Point, Adhyapak Layout
Nagpur.
Phone No. : Mobile No. :- 9764738433
Age : Sex : Male
Disease : Yes/No ✓
Period of Start of Disease : -
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No
Stage of depression :
Date: Signature of Candidate: 

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ - May be get satisfaction from any incurable disease.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : *Bashant M. Likhari*

Address : *301, Chandan Nagar
Near Ram Mandir, Nagpur-09*

Phone No. : _____ Mobile No. : *9960941043*

Age : *28* Sex : *male*

Disease : *Yes/No*

Period of Start of Disease : *-*

Stress : *Yes/No*

Intensity of Stress : *-*

Depression : *Yes/No*

Stage of depression : *-*

Date: _____ Signature of Candidate: *PL*

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ May be get satisfaction from any incurable diseases.

❖ _____

Spiritual Healing
"Where faith in God is essential element"

Name : RASHMI SATHI
Address : D-11, FIRST FLOOR,
LAXMI/AKASHI, NAGPUR
Phone No. : 2251232 Mobile No. : 98232 13532
Age : 26 Sex : FEMALE
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :
Date: 17/08/09 Signature of Candidate: Rashmi

- Q1. Do you have a faith in spiritual healing? Yes/No
Q2. Was there clarity in understanding? Yes/No
Q3. Did you gather knowledge of the subject? Yes/No
Q4. Was the study material relevant? Yes/No
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
Q6. Can you perceive utility of this program? Yes/No
Q7. What are the best aspects of the program?

❖ CHARTING OF MANTRAS
❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Mecnakshi Bhatia
Address : 2, Guru Nanak Society, Janpatta
Phone No. : 2643255 Mobile No. : 9420853455
Age : Sex : Female
Disease : Yes/No No
Period of Start of Disease : -
Stress : Yes/No No
Intensity of Stress : -
Depression : Yes/No -
Stage of depression : -
Date: 17.6.19 Signature of Candidate: Mecnakshi Bhatia

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ Chanting of mantras
- ❖ Firm believe in God + working for amsed diseased people.

Spiritual Healing

"Where faith in God is essential element"

Name : Vikram Narvekar
Address : TUIS, Nagpur
Phone No. : Mobile No. : 9960985891
Age : 30 Sex : M.
Disease : Yes/No ✓
Period of Start of Disease : -
Stress : Yes/No ✓
Intensity of Stress : -
Depression : Yes/No ✓
Stage of depression : -

Date: 17/6/09

Signature of Candidate:

Vikram

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ I enjoyed it. She was to the point & good.
❖

Spiritual Healing

"Where faith in God is essential element"

Name : Deepa Patel
Address : 202, Hill top,
Ram Nagar
Phone No. : 2242736 Mobile No. : 9970182736
Age : 39 Sex : F
Disease : Yes/No ✓
Period of Start of Disease : —
Stress : Yes/No ✓
Intensity of Stress : —
Depression : Yes/No ✓
Stage of depression : —

Date: 17-06-09

Signature of Candidate:

Deepa Patel

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

- ❖ Chanting of Mantras temporarily connected
- ❖ me to the divine.

Spiritual Healing

"Where faith in God is essential element"

Name : ARCHNA GOLCHA
Address : 302, MANKAPUR, NEELGIRI APTS
NAGPUR
Phone No. : Mobile No. : 9225229701
Age 29, Sex : F
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression :
Date: 17.6.09 Signature of Candidate: Archana

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No Satisfactorily
Q3. Did you gather knowledge of the subject? Yes/No Partly as it is a vast topic
Q4. Was the study material relevant? Yes/No
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No, need to follow the path religiously
Q7. What are the best aspects of the program?

- ❖ Spiritualism is always captivating
- ❖ as it is a natural healer.

Spiritual Healing

"Where faith in God is essential element"

Name : Ms. Jimmy Agrawal
Address : 202, Shanti Kung Appr., Wardhaman Nagar
Magpur
Phone No. : 2738350 Mobile No. : 9823843702
Age : Sex : female
Disease : Yes/No No
Period of Start of Disease : -
Stress : Yes/No No
Intensity of Stress : -
Depression : Yes/No No
Stage of depression : -
Date: Signature of Candidate: Agrawal

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/ Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ It gives an insight to look into myself
- ❖ not only for medical healing but, still also self healing.

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Vasudha Varake .
Address :
Phone No. : Mobile No. : 9960485882 .
Age : Sex : Female
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No at times due to work .
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression :
Date: 17/6/09 . Signature of Candidate: *Vasudha*

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

- ❖ I really learnt a new thing which I
- ❖ didn't know at all.

Spiritual Healing

"Where faith in God is essential element"

Name Azra : Azra S. Patel.

Address 2nd floor, Daa complex, Mohan nagar, Nagpur.

Phone No. 2563843 : Mobile No. : 9325189108.

Age 35 : Sex : Female

Disease : Yes/No

Period of Start of Disease : ~~1997~~ 2007.

Stress : Yes/No

Intensity of Stress :

Depression : Yes/No

Stage of depression :

Date:

Signature of Candidate:

Q1. Do you have a faith in spiritual healing? Yes/No

Q2. Was there clarity in understanding? Yes/No

Q3. Did you gather knowledge of the subject? Yes/No

Q4. Was the study material relevant? Yes/No

Q5. How was the presentation by faculty? Excellent/Good/Satisfactory


Q6. Can you perceive utility of this program? Yes/No

Q7. What are the best aspects of the program?

- ❖ Simple and clear approach towards mental
- ❖ Soothing chanting of health healing Shlokas.

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Hemalatha Rajgopalan
Address : 143, Friends Colony, Katol Road,
Nagpur - 440013
Phone No. : 2571712 Mobile No. : 9823126711
Age : 38 yrs Sex : Female
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression : —
Date: 17-06-09 Signature of Candidate: 
R. Hemalatha

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
- Q6. Can you perceive utility of this program? Yes/No ✓
- Q7. What are the best aspects of the program?

- ❖ My faith in spiritual healing has
- ❖ been re-established through the programme.

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|---|-------------------------|-------------------------|
| Name | Mrs. Meena C. Jain | | |
| Address | 7 - P, Bhavani Nagar, 202, Balaji Uday Appt. NAGPUR - 33 | | |
| Phone No. | 2546438 | : | Mobile No. : 9373090401 |
| Age | 51 yrs. | : | Sex : Female |
| Disease | : Yes/No ✓ | | |
| Period of Start of Disease | : | | |
| Stress | : ✓ Yes/No | | |
| Intensity of Stress | : | | |
| Depression | : Yes/No ✓ | | |
| Stage of depression | : | | |
| Date: | 28th June 09 | Signature of Candidate: | M Jain |

- Q1. Do you have a faith in spiritual healing? ✓ Yes/No
- Q2. Was there clarity in understanding? ✓ Yes/No
- Q3. Did you gather knowledge of the subject? ✓ Yes/No
- Q4. Was the study material relevant? ✓ Yes/No
- Q5. How was the presentation by faculty? ✓ Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? ✓ Yes/No
- Q7. What are the best aspects of the program?

- ❖ I came to know the Power of Mantras in healing.
- ❖ 'In this stressful life it gives us Peace' and this is the best remedy.

Spiritual Healing

"Where faith in God is essential element"

Name : JYOTI SURANA
Address : 83- Aakar Nagar, Friends Colony
Phone No. : Mobile No. : 9766316309
Age : 38 yrs . Sex : Female
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :

Date: 17/6/09

Signature of Candidate:

Jyoti

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

* Presentation was really short & Impressive leaving
* great impact of positive thinking.

Spiritual Healing

"Where faith in God is essential element"

Name : Mr. Dinesh Ghate
Address : C/o Fulmbarkar, 13 Uday Nagar,
Nagpur
Phone No. : Mobile No. : 09226858475
Age : 29 Sex : M
Disease : Yes/No No
Period of Start of Disease :
Stress : Yes/No NO
Intensity of Stress :
Depression : Yes/No NO
Stage of depression :

Date: 17.06.2009

Signature of Candidate:



17.6.09

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ I like all this Mantra.
- ❖ Mantra is very useful to problem of us.

Spiritual Healing

"Where faith in God is essential element"

Name : Jayant G. Tekade
Address : Ward No- 7
At - Po - Tal - Sarnar Dist - Nagpur
Phone No. : Mobile No. : 9860910811
Age : 29 Sex : M.
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :
Date: 17.06.09 Signature of Candidate: 

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ First 17 video clipping matrix sound is good
- ❖ Different matrix are very useful to various problems is excellent.

Spiritual Healing

"Where faith in God is essential element"

Name : Ms Asha sharma

Address : 123/1 Air force station Saminagar Hill
Nagpur

Phone No. : _____ Mobile No. : 9823269734

Age : _____ Sex : Female

Disease : Yes/No


Period of Start of Disease : _____

Stress : Yes/No

Intensity of Stress : _____

Depression : Yes/No

Stage of depression : _____

Date: _____ Signature of Candidate: 

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ Disciplined

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Jasleen Soni
Address : Verma Niwas opp. Sethi Apts.
Kadbi Chowk Nagpur.
Phone No. 9850311116 : Mobile No. :
Age 47 yrs : Sex : Female
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress : Domestic and professional
Depression : Yes/No
Stage of depression :
Date: Signature of Candidate:

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ Disciplines you.
❖ _____

Spiritual Healing

"Where faith in God is essential element"


Name : Lata Pant
Address : B-203, Jagat Apts, RaviNagar Sq.
Phone No. : Mobile No. :
Age : 40 Sex : Female
Disease : Yes/No
Period of Start of Disease : —
Stress : Yes/No
Intensity of Stress : —
Depression : Yes/No
Stage of depression : —
Date: 17.6.09 Signature of Candidate: Lata Pant

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ It strengthens our faith in God.
- ❖ No side effects.

Spiritual Healing

"Where faith in God is essential element"

Name : ANUPAMA SINGH
Address : A-1, AYODHYA APPTS., HILL ROAD
RAMNAGAR, NAGPUR - 33
Phone No. : Mobile No. : 9372419844
Age : Sex : FEMALE
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :
Date: 17-06-09 Signature of Candidate: 

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ _____

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Mithilesh Kumar Pathak
Address : 572/2A, Gajanan Society
Seminay Hills, Nagpur
Phone No. : Mobile No. : 9423404124
Age : Sex : M
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression :

Date:

Signature of Candidate:

Mithilesh Pathak
17/6/09

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ 'Manrocharan' was excellent.

❖

Spiritual Healing

"Where faith in God is essential element"

Name : Pravin Ghike
Address : TJIS, Nagpur.
Phone No. : Mobile No. : 9922853724.
Age : 36 yrs. Sex : Male
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :

Date: 17/06/09 Signature of Candidate: Ghike

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ Use of mantras was mentioned
- ❖ clearly.

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|-----------|---|--|
| Name | : | Sow. Shubha Chandak | |
| Address | : | "Chandak Bhavan" North Ambazari Road, Dharampeth, Nagpur. | |
| Phone No. | : | 2537267 | Mobile No. : 9766677889 |
| Age | : | 35 yrs. | Sex : Female |
| Disease | : | Yes/No | NO |
| Period of Start of Disease | : | - | |
| Stress | : | Yes/No | |
| Intensity of Stress | : | less | |
| Depression | : | Yes/No | |
| Stage of depression | : | - | |
| Date | 28/06/09. | | Signature of Candidate: <u>Shubha.</u> |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No *But there is still more to learn*
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ We are made aware of our ~~various~~ Indian culture (mantras)
- ❖ Faith in God has been strengthened.

Spiritual Healing

"Where faith in God is essential element"


| | | | | | |
|----------------------------|---|---|-------------------------|---|---------------|
| Name | : | Vijay chaula | | | |
| Address | : | Plot no-119, chaula bhawan, Taripatke, Nagpur-14 | | | |
| Phone No. | : | - | Mobile No. | : | 9271628396 |
| Age | : | 21 yrs | Sex | : | Male |
| Disease | : | Yes/No | | | |
| Period of Start of Disease | : | Around past 2 years | | | |
| Stress | : | Yes/No | | | |
| Intensity of Stress | : | Extreme | | | |
| Depression | : | Yes/No | | | |
| Stage of depression | : | | | | |
| Date | | | Signature of Candidate: | | <u>Chaula</u> |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ While chanting sholka A felt something inside me sharing is A was feeling meditative.
- ❖ _____

Spiritual Healing

"Where faith in God is essential element"

| | | |
|----------------------------|---------|--|
| Name | : | Suresh Agrawal. |
| Address | : | Pranav Appt. Flat No B-F-4. Venkatesh Nagar, Khawla 440025 |
| Phone No. | : | 0712-2294711 Mobile No. : 9975452584 |
| Age | : | 59 Sex : M. |
| Disease | : | Yes/No ① Skin - Spotted & itchyness ② Heart - Multiple blocks (CHD) |
| Period of Start of Disease | : | ① Since 15/20 yrs. ② detected in 2004. |
| Stress | : | Yes/No |
| Intensity of Stress | : | |
| Depression | : | Yes/No |
| Stage of depression | : | |
| Date: | 28/6/09 | Signature of Candidate:  |

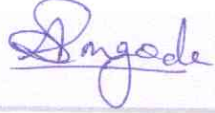
- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ Mantras are powerful.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|---|--|---|
| Name | : | Ku. Anagha.D. Sangode | |
| Address | : | Near Shiv-Parvati temple Pipla (Dak-Banglow) Tah. Soaner Nagpur. | |
| Phone No. | : | 07113 - 680361 | Mobile No. : — |
| Age | : | 23 | Sex : Female |
| Disease | : | Yes/No Depression. | |
| Period of Start of Disease | : | | |
| Stress | : | Yes/No | |
| Intensity of Stress | : | | |
| Depression | : | Yes/No | |
| Stage of depression | : | | |
| Date | : | 28-06-2009 | Signature of Candidate:  |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ ईश्वर पर विश्वास करने पर भी कई लोगों में इन्सानियत क्यों नहीं?
- ❖ _____

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|---|--------------|-----|
| Name | : A. D. Sangode | | |
| Address | : Near Shiv Parvati Temple (Piplak Bangla); Savner | | |
| Phone No. | : 0713680361 | Mobile No. : | |
| Age | : 48 | Sex | F : |
| Disease | : Yes/No ✓ | | |
| Period of Start of Disease | : | | |
| Stress | : Yes/No ✓ | | |
| Intensity of Stress | : High Medium | | |
| Depression | : Yes/No | | |
| Stage of depression | : | | |
| Date: 28/6/09 | Signature of Candidate: <u>Sangode</u> | | |

- Q1. Do you have a faith in spiritual healing? ✓ Yes/No
- Q2. Was there clarity in understanding? ✓ Yes/No
- Q3. Did you gather knowledge of the subject? ✓ Yes/No
- Q4. Was the study material relevant? ✓ Yes/No
- Q5. How was the presentation by faculty? Excellent/✓ Good/Satisfactory
- Q6. Can you perceive utility of this program? ✓ Yes/No
- Q7. What are the best aspects of the program?

❖ ईश्वर में विश्वास और आज के समय में

❖ ईश्वर की श्रद्धा हेतु लोगों को प्रेरित करना

Spiritual Healing

"Where faith in God is essential element"

Name : Ms. POOJA PUNIYANI
Address : 1364-GS, "POOJA PALACE"
Deshpande Layout, Nagpur
Phone No. : 2730100
Mobile No. : 9823462900
Age : 24
Sex : F
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress : Low
Depression : Yes/No
Stage of depression :

Date: 17/06/09

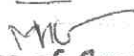
Signature of Candidate:

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ It helps you to build up "Faith"
❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Madhumati Goswami
Address : 193, Ramnagar
Phone No. : Mobile No. : 9373355302
Age : 36 Sex : F
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress : Mild
Depression : Yes/No
Stage of depression :
Date: Signature of Candidate: 

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ The enchanting of the matters, presentation,
- ❖ clear concepts, easy understanding.

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Shanthi Menon
Address : 'Ashiana' Plot No. 71, Swamy Colony
P-II, Akar Nagar, Katol Rd, Nagpur.
Phone No. : 2570088 Mobile No. :
Age : 42 yrs Sex : F
Disease : Yes/No
Period of Start of Disease : —
Stress : Yes/No
Intensity of Stress : Moderate
Depression : Yes/No
Stage of depression : —

Date: 17/6/09

Signature of Candidate:

Shanthi

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ Recognition of inner strength
- ❖ The warmth and firm belief of the presenter.

Spiritual Healing

"Where faith in God is essential element"

Name : - Pravin Gopal Rathe .
Address : c/o Asaramji Gaibhiye Hingna Road
Near Hingna(T) Point, Adhyapek Layout
Nagpur .
Phone No. : Mobile No. : - 9764738433
Age : Sex : Male
Disease : Yes/No ✓
Period of Start of Disease : -
Stress : Yes/No -
Intensity of Stress :
Depression : Yes/No
Stage of depression :

Date:

Signature of Candidate:



- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ - May be get satisfaction from any incurable disease

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : *Bashant M. Likhar*
Address : *301 Chardon Stages
Near Ram Mandir, Nagpur-09*
Phone No. : _____ Mobile No. : *9960941043*
Age : *28* Sex : *male*
Disease : *Yes/No*
Period of Start of Disease : *-*
Stress : *Yes/No*
Intensity of Stress : *-*
Depression : *Yes/No*
Stage of depression : *-*

Date:

Signature of Candidate:

Bas

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ May be get satisfaction from any incurable disease.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name :

Radhika S. Das

Address :

11/10, Thiruvananthapuram, Kerala

Phone No. :

98474 81111

Mobile No. :

98474 81111

Age :

21

Sex :

Female

Disease :

Yes/No

Period of Start of Disease :

No

Stress :

Yes/No

Intensity of Stress :

No

Depression :

Yes/No

Stage of depression :

No

Date: 11/01/21

Signature of Candidate: [Signature]

Q1. Do you have a faith in spiritual healing? Yes/No

Q2. Was there clarity in understanding? Yes/No

Q3. Did you gather knowledge of the subject? Yes/No

Q4. Was the study material relevant? Yes/No

Q5. How was the presentation by faculty? Excellent/Good/Satisfactory

Q6. Can you perceive utility of this program? Yes/No

Q7. What are the best aspects of the program?

❖ Good faculty, good presentation, good material

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Meenakshi Bhatia
Address : 2, Guru Nanak Society, Jaspatta
Phone No : 2643255 Mobile No. : 9420853455
Age : Sex : Female
Disease : Yes/No No
Period of Start of Disease : -
Stress : Yes/No No
Intensity of Stress : -
Depression : Yes/No -
Stage of depression : -

Date: 17.6.09

Signature of Candidate:

M. Bhatia

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ Chanting of mantras
- ❖ Firm believe in God + working for cured diseased people.

Spiritual Healing

"Where faith in God is essential element"

Name : Vikram Narvekar.
Address : TIS, Nagpur
Phone No : Mobile No. : 9960985891
Age : 30 Sex : M.
Disease : Yes/No ✓
Period of Start of Disease : -
Stress : Yes/No ✓
Intensity of Stress : -
Depression : Yes/No ✓
Stage of depression : -

Date: 17/6/09

Signature of Candidate:

Vikram

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

◆ I enjoyed it. She was to the point & good.
◆

Spiritual Healing

"Where faith in God is essential element"

Name : Deepa Patel
Address : 202, Hill top,
Ram Nagar
Phone No. : 2242736 Mobile No. : 9970182736
Age : 39 Sex : F
Disease : Yes/No ✓
Period of Start of Disease : —
Stress : Yes/No ✓
Intensity of Stress : —
Depression : Yes/No ✓
Stage of depression : —

Date: 17-06-09

Signature of Candidate:

D. Patel

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ Chanting of Mantras temporarily connects
❖ me to the divine.

Spiritual Healing

"Where faith in God is essential element"

Name : ARCHNA GOLCHA
Address : 302, MANKAPUR, NEELGIRI APTS
NAGPUR
Phone No. : Mobile No. : 9225229701
Age 39, Sex : F
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression :

Date: 17.6.09

Signature of Candidate: Archana

Q1. Do you have a faith in spiritual healing?

Yes/No ✓

Q2. Was there clarity in understanding?

Yes/No Satisfactorily

Q3. Did you gather knowledge of the subject?

Yes/No Partly as it is a v^o topic

Q4. Was the study material relevant?

Yes/No ✓

Q5. How was the presentation by faculty?

Excellent/Good/Satisfactory ✓

Q6. Can you perceive utility of this program?

Yes/No, need to follow the path religiously

Q7. What are the best aspects of the program?

- ❖ Spiritualism is always captivating
- ❖ as it is a natural healer.

Spiritual Healing

"Where faith in God is essential element"

Name : Ms. Jimmy Agrawal
Address : 202, Shanti King Apprt., Wardhaman Nagar
Magpur
Phone No. : 2738350 Mobile No. : 9823843702
Age : Sex : Female
Disease : Yes/No No
Period of Start of Disease : —
Stress : Yes/No No
Intensity of Stress : —
Depression : Yes/No No
Stage of depression : —
Date: Signature of Candidate: Jimmy

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/ Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ It gives an insight to look into myself
- ❖ not only for medical healing but, still also self healing.

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Vasudha Varake .
Address :
Phone No. : Mobile No. : 9960485882 .
Age : Sex : Female
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No at times due to work .
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression : —

Date: 17/6/09 .

Signature of Candidate:

Vasudha

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ I really learnt a new thing which I
❖ didn't know at all.

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Vasudha Varsake .
Address :
Phone No. : Mobile No. : 9960485882 .
Age : Sex : Female
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No at times due to work .
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression :

Date: 17/6/09 .

Signature of Candidate: Vasudha

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

- ❖ I really learnt a new thing which I
- ❖ didn't know at all.

Spiritual Healing

"Where faith in God is essential element"

Name *Azra* : *Azra S. Patel*

Address *2nd floor, Daa complex, Mohan nagar, Nagpur*

Phone No. *2563843*

Mobile No. : *9325189108*

Age *35*

Sex : *Female*

Disease : *Yes/No*

Period of Start of Disease : *~~1997~~ 2007*

Stress : *Yes/No*

Intensity of Stress :

Depression : *Yes/No*

Stage of depression :

Date:

Signature of Candidate:

Q1. Do you have a faith in spiritual healing? *Yes/No*

Q2. Was there clarity in understanding? *Yes/No*

Q3. Did you gather knowledge of the subject? *Yes/No*

Q4. Was the study material relevant? *Yes/No*

Q5. How was the presentation by faculty? *Excellent/Good/Satisfactory*

Q6. Can you perceive utility of this program? *Yes/No*

Q7. What are the best aspects of the program?

- Simple and clear approach towards mental*
- Soothing chanting of health healing*
Shlokas.

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Hemalatha Rajgopalan
Address : 143, Friends Colony, Katol Road,
Nagpur - 440013
Phone No. : 2571712 Mobile No. : 9823126711
Age : 38 yrs Sex : Female
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression : —

Date: 17-06-09

Signature of Candidate:


R. Hemalatha

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
- Q6. Can you perceive utility of this program? Yes/No ✓
- Q7. What are the best aspects of the program?

- ❖ My faith in spiritual healing has
- ❖ been re-established through the programme

Spiritual Healing

"Where faith in God is essential element"

Name : JYOTI SURANA
Address : 83- Aakar Nagar, Friends Colony
Phone No. : Mobile No. : 9766316309
Age : 38 yrs . Sex : Female
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :

Date: 17/6/09

Signature of Candidate:

Jyoti

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ Presentation was really short & Impressive learn
* great impact of positive thinking.

Spiritual Healing

"Where faith in God is essential element"

Name : Jayant G. Tekade
Address : Ward No. - 1
Dt - 10 - 10 - 2017 Dist - Nagpur
Phone No. : Mobile No. : 9850910811
Age : 29 Sex : M.
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :

Date: 17.06.17

Signature of Candidate:

Jayant Tekade

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- * First 17 video clipping matrix sound is good.
- * Different matrix are very useful to various problems is excellent.

Spiritual Healing

"Where faith in God is essential element"

Name : Smita, Maitra
Address : 73, Vrindavan colony
Phone No. : ————— Mobile No. : 9890942712
Age : 26 yrs. Sex : Female
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression :

Date: 17, 6, 09

Signature of Candidate: Smitra

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ It was a knowledgeable program.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Smita, Maitra
Address : 73, Vrindavan Colony
Phone No. : — Mobile No. : 9890942712
Age : 26 yrs. Sex : Female
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression :

Date: 17, 6, 09

Signature of Candidate: Smitra

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ It was a knowledgeable program.
❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Asha Sharma
Address : 123/11 Air Force Station Seminary Hill
Nagpur
Phone No. : Mobile No. : 9823269734
Age : Sex : Female
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :

Date:

Signature of Candidate:



- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ Disciplined

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Prateek Kumar
Address : Verma Kowals off, Sethi Apt. 10th floor, New Delhi
Phone No. 9850 31116 Mobile No. :
Age 31 yrs Sex : Male
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Domestic and professional
Stage of depression :

Date:

Signature of Candidate:

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ Disciplines you

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Lata Pant
Address : B-203, Jagat Apts, RaviNagar Sq.
Phone No. : Mobile No. :
Age : 410 Sex : Female
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :

Date: 17.6.09

Signature of Candidate: Lata Pant

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ It strengthens our faith in God.
- ❖ No side effects.

Spiritual Healing

"Where faith in God is essential element"

Name : ANUPAMA SINGH
Address : A-1, AYODHYA APPTS., HILL ROAD
RAMNAGAR, NAGPUR - 33
Phone No. : Mobile No. : 9372419844
Age : Sex : FEMALE
Disease : Yps/No
Period of Start of Disease :
Stress : Yps/No
Intensity of Stress :
Depression : Yps/No
Stage of depression :

Date: 17-06-09

Signature of Candidate:




- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ _____

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Mithilesh Kumar Pathak
Address : 572/2A, Gajanan Society
Seminary Hills, Nagpur
Phone No. : Mobile No. : 9423404124
Age : Sex : M
Disease : Yes/No ✓
Period of Start of Disease :
Stress : Yes/No ✓
Intensity of Stress :
Depression : Yes/No ✓
Stage of depression :
Date: Signature of Candidate:  17/6/09

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ 'Manrocharan' was excellent.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Pravin Ghike
Address : TJIS, Nagpur.
Phone No. : Mobile No. : 9922853724.
Age : 36 yrs. Sex : Male
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :

Date: 17/06/09 Signature of Candidate: Ghike

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

- ❖ Use of mantras was mentioned
- ❖ clearly.

Spiritual Healing
"Where faith in God is essential element"

Name Siwaphon : Nipitsokkarn
Address 931/29 Soi Udomsuk 42 yaek 8 Udomsuk Rd.
Bangna Bangna Bangkok 10260 THAILAND
Phone No. +6627465677 : Mobile No. : +66814967201
Age 30 : Sex Male
Disease : Yes/No E-mail: mad_pepe@hotmail.com
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress : few, when I have to do presentation.
Depression : Yes/No
Stage of depression :
Date 17 July 2009 Signature of Candidate: Siwaphon.

- Q1. Do you have a faith in spiritual healing? Yes/No
Q2. Was there clarity in understanding? Yes/No
Q3. Did you gather knowledge of the subject? Yes/No
Q4. Was the study material relevant? Yes/No
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
Q6. Can you perceive utility of this program? Yes/No
Q7. What are the best aspects of the program?

❖ Show result of spiritual healing

❖ _____

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|--|------------|--------------|
| Name | : Chandra Shekhar Jain | | |
| Address | : 7-P. Bharat Nagar 202 Balaji Uday Apartment Nagpur | | |
| Phone No. | : 0712-2546438 | Mobile No. | : 9373100927 |
| Age | : 56 | Sex | : M |
| Disease | : Yes/No | | |
| Period of Start of Disease | : 6 yrs | | |
| Stress | : Yes/No ✓ | | |
| Intensity of Stress | : NIL | | |
| Depression | : Yes/No | | |
| Stage of depression | : | | |
| Date: | Signature of Candidate: R. S. Jain | | |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ Increase faith in Holistic Healing.
- ❖ Increase faith in Jainian Mantras.

Spiritual Healing

"Where faith in God is essential element"

| | | | |
|----------------------------|--|-------------------------|-------------------------|
| Name | Mrs. Meena C. Jain | | |
| Address | 7 - P, Bharati Nagar, 202, Balaji Uday Apppt. NAGPUR - 33 | | |
| Phone No. | 2546438 | : | Mobile No. : 9373090401 |
| Age | 51 yrs | : | Sex : Female |
| Disease | : Yes/No ✓ | | |
| Period of Start of Disease | : | | |
| Stress | : ✓ Yes/No | | |
| Intensity of Stress | : | | |
| Depression | : Yes/No ✓ | | |
| Stage of depression | : | | |
| Date: | 28 th June 09 | Signature of Candidate: | M Jain |

- Q1. Do you have a faith in spiritual healing? ✓ Yes/No
- Q2. Was there clarity in understanding? ✓ Yes/No
- Q3. Did you gather knowledge of the subject? ✓ Yes/No
- Q4. Was the study material relevant? ✓ Yes/No
- Q5. How was the presentation by faculty? ✓ Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? ✓ Yes/No
- Q7. What are the best aspects of the program?

- ❖ I came to know the Power of mantras in healing.
- ❖ 'In this stressful life it gives us Peace' and this is the best remedy.

Spiritual Healing

"Where faith in God is essential element"

| | | | | | |
|----------------------------|---|--|-------------------------|---|---------------|
| Name | : | Vijay chavle | | | |
| Address | : | Plot no. 119, Chavle Blawan, Taripatke, Nagpur-14 | | | |
| Phone No. | : | - | Mobile No. | : | 9271623396 |
| Age | : | 21 yrs | Sex | : | Male |
| Disease | : | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| Period of Start of Disease | : | Around past 2 years | | | |
| Stress | : | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| Intensity of Stress | : | Extreme | | | |
| Depression | : | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| Stage of depression | : | | | | |
| Date | | | Signature of Candidate: | | <u>Chavle</u> |


- Q1. Do you have a faith in spiritual healing? Yes/~~No~~
- Q2. Was there clarity in understanding? Yes/~~No~~
- Q3. Did you gather knowledge of the subject? Yes/~~No~~
- Q4. Was the study material relevant? Yes/~~No~~
- Q5. How was the presentation by faculty? Excellent/~~Good~~/Satisfactory
- Q6. Can you perceive utility of this program? Yes/~~No~~
- Q7. What are the best aspects of the program?

❖ While chanting sholke I felt something
inside me stirring ie I was feeling meditative.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

| | | |
|----------------------------|-------------------------|---|
| Name | : | Suresh Agrawal. |
| Address | : | Pranav Appt. flat no B-F4. Venkatesh Nagar, Khawla. Lucknow |
| Phone No. | : | 0712-2294711 Mobile No. : 9975452584 |
| Age | : | 59 Sex : M. |
| Disease | : | Yes/No ① Skin - Spotted & dryness. ② Heart - multiple blocks (IHD) |
| Period of Start of Disease | : | ① since 15/20 yrs. ② detected in 2004. |
| Stress | : | Yes/No |
| Intensity of Stress | : | |
| Depression | : | Yes/No |
| Stage of depression | : | |
| Date: 28/6/09 | Signature of Candidate: |  |

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ Mantras are powerful.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Ku. Anagha.D. Sangode
Address : Near Shiv-Pawati temple
Pipla (Dak-Banglow) Tah. Soanar
Nagpur.
Phone No. : 07113 - 680361 Mobile No. : —
Age : 23 Sex : Female
Disease : Yes/No Depretion.
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :
Date 28-06-2009 Signature of Candidate: Sangode

- Q1. Do you have a faith in spiritual healing? Yes/No
Q2. Was there clarity in understanding? Yes/No
Q3. Did you gather knowledge of he subject? Yes/No
Q4. Was the study material relevant? Yes/No
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
Q6. Can you perceive utility of this program? Yes/No
Q7. What are the best aspects of the program?

❖ इश्वर पर विश्वास करने पर भी कई लोगों में इन्सानियत क्यों नहीं?

❖

Spiritual Healing

"Where faith in God is essential element"

| | |
|----------------------------|---|
| Name | : A. D. Sangode |
| Address | : Near Shiv Parvati Temple (Pipladak Bangla); Savner |
| Phone No. | : 0713680361 Mobile No. : |
| Age | : 48 Sex F : |
| Disease | : Yes/No ✓ |
| Period of Start of Disease | : |
| Stress | : Yes/No ✓ |
| Intensity of Stress | : High Medium |
| Depression | : Yes/No |
| Stage of depression | : |
| Date: 28/6/09 | Signature of Candidate: <u>Sangode</u> |

- Q1. Do you have a faith in spiritual healing? ✓ Yes/No
- Q2. Was there clarity in understanding? ✓ Yes/No
- Q3. Did you gather knowledge of the subject? ✓ Yes/No
- Q4. Was the study material relevant? ✓ Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? ✓ Yes/No
- Q7. What are the best aspects of the program?

- ❖ ईश्वर में विश्वास और आज के समय में
- ❖ ईश्वर की श्रद्धा हेतु लोगों को प्रेरित करना

Spiritual Healing

"Where faith in God is essential element"

Name : N.P. Khobragade
Address : Chocs Colony, Plot No. 10,
Kamptee Road, NAGPUR
Phone No. 0712-2648245 Mobile No. : 9422143642
Age 55 Yrs. : Sex : M
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress :
Depression : Yes/No
Stage of depression :
Date : Signature of Candidate: N.P. Khobragade

- Q1. Do you have a faith in spiritual healing? Yes/~~No~~
- Q2. Was there clarity in understanding? Yes/~~No~~
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/~~No~~
- Q5. How was the presentation by faculty? Excellent/~~Good~~/~~Satisfactory~~
- Q6. Can you perceive utility of this program? Yes/~~No~~
- Q7. What are the best aspects of the program?

❖ Jaya.

❖

Spiritual Healing

"Where faith in God is essential element"

Name : Soco. Shubha Chandak
Address : "Chandak Bhawan"
North Ambazari Road,
Dharampeth, Nagpur.
Phone No. : 2537267 Mobile No. : 9766677889
Age : 35 yrs. Sex : Female
Disease : Yes/No NO
Period of Start of Disease : -
Stress : Yes/No
Intensity of Stress : Less
Depression : Yes/No
Stage of depression : -
Date 28/06/09. Signature of Candidate: Shubha.

- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓ But there is still more to learn
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

- ❖ We are made aware of our ~~heredity~~ Indian culture (manners)
- ❖ Faith in God has been strengthened.

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs Sangita Agrawal
Address : 106 Gayatri Vihar
Ambedkar square, Nagpur.
Phone No. : Mobile No. : 9423109475
Age : 44 Sex : Female
Disease : Yes/No
Period of Start of Disease : -
Stress : Yes/No
Intensity of Stress : little
Depression : Yes/No
Stage of depression : -
Date: 17/6/09 Signature of Candidate: Shawal.

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ It was really helpful.

❖

Spiritual Healing

"Where faith in God is essential element"

Name : Meena Chauhan
Address : Flat no 302, Riddhi Siddhi Apt,
Ishkopa housing society, Sadiqueabad, Maharashtra
Phone No. : - Mobile No. 9822935098
Age : 34 years Sex female
Disease : Yes/No
Period of Start of Disease : -
Stress : Yes/No
Intensity of Stress : -
Depression : Yes/No
Stage of depression : -

Date: 17/6/09

Signature of Candidate: Chauhan

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

❖ a) Mantras recitation and the correct pronunciation was told
❖ b) Importance of Yantras

Spiritual Healing

"Where faith in God is essential element"

Name : A. ROHANA Y. AWACHAR
Address : Prerna Nagar, Hazariphaad
Katal Road
Phone No. : _____ Mobile No. : 9928080132
Age : 37 years Sex : Female
Disease : Yes/No
Period of Start of Disease : _____
Stress : Yes/No
Intensity of Stress : _____
Depression : Yes/No
Stage of depression : _____

Date: _____

Signature of Candidate: _____

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

☞ _____

☞ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Mcena Chauhan
Address : Flat no 302, Riddhi Siddhi Apt,
Ishkripa housing society, Sadiqueabad, Mathura
Phone No. : - Mobile No. : 9822935098
Age : 34 years Sex Female
Disease : Yes/No
Period of Start of Disease : -
Stress : Yes/No
Intensity of Stress : -
Depression : Yes/No
Stage of depression : -

Date: 17/6/09

Signature of Candidate: Chauhan

- Q1. Do you have a faith in spiritual healing? Yes/No
- Q2. Was there clarity in understanding? Yes/No
- Q3. Did you gather knowledge of the subject? Yes/No
- Q4. Was the study material relevant? Yes/No
- Q5. How was the presentation by faculty? Excellent/Good/Satisfactory
- Q6. Can you perceive utility of this program? Yes/No
- Q7. What are the best aspects of the program?

- ❖ a) Mantras recitation and its correct pronunciation was told b) Importance of Yantras

Spiritual Healing

"Where faith in God is essential element"

Name : Ramit Kaur Behal
Address :
Phone No. : 17, Guru Nanak Pura, Nagpur.
Age : 2632310 Mobile No. : 9850653670
Age : 24 Sex : F
Disease : Yes/No
Period of Start of Disease :
Stress : Yes/No
Intensity of Stress : -
Depression : Yes/No
Stage of depression : -

Date: 17.06.09

Signature of Candidate:



- Q1. Do you have a faith in spiritual healing? Yes/No ✓
Q2. Was there clarity in understanding? Yes/No ✓
Q3. Did you gather knowledge of the subject? Yes/No ✓
Q4. Was the study material relevant? Yes/No ✓
Q5. How was the presentation by faculty? Excellent/Good/Satisfactory ✓
Q6. Can you perceive utility of this program? Yes/No ✓
Q7. What are the best aspects of the program?

❖ It really made us feel close to God.

❖ _____

Spiritual Healing

"Where faith in God is essential element"

Name : Mrs. Ritu Shailesh Dhongde
Address : 55, "Samyak Drishti", Pragati Nagar
Jaitala Road, Nagpur 440016
Phone No. : ————— Mobile No. : 9881120817
Age : 32 yrs Sex : Female
Disease : ~~Yes/No~~
Period of Start of Disease : —————
Stress : ~~Yes/No~~
Intensity of Stress :
Depression : ~~Yes/No~~
Stage of depression :

Date: 17/06/09

Signature of Candidate:



- Q1. Do you have a faith in spiritual healing? Yes/~~No~~
- Q2. Was there clarity in understanding? Yes/~~No~~
- Q3. Did you gather knowledge of the subject? Yes/~~No~~
- Q4. Was the study material relevant? Yes/~~No~~
- Q5. How was the presentation by faculty? Excellent/~~Good~~/Satisfactory
- Q6. Can you perceive utility of this program? Yes/~~No~~
- Q7. What are the best aspects of the program?

❖

❖
