

INSTITUTE OF SRI RAMCHANDRA CONSCIOUSNESS

Report after meditation to be filled by ABHYASI after an INTRODUCTORY SITTING

Abhyasi Name:

Trainer's Name:

Date & Time of sitting:
(DD/Mon/YYYY: e.g. 30/Apr/1899)

Trainer's ID No:

Place:

Sitting number:

General Condition as felt by the aspirant.

First thought after meditation:

Predominant Feeling/thought during meditation:

Any other significant point/observation:

Briefly describe how you meditated (Procedure followed):

Please note down associated feelings and thoughts you might have had during the sitting. Please elaborate in the right column, on the thoughts / feelings felt.

Thoughts/Feelings felt	Additional notes associated with the thoughts /feelings felt
1. De-tensioning (Relaxation, Freshness, Lightness, Free, Clear, Ease, Expansion, Floating, Purity, Weightless, Emptiness, Solace) 2. Happiness (Peace, Joy, Blissful, Contentment, Ecstasy, Good, Pleasant, Satisfaction, Serenity) 3. Higher Aspirations (Self less thoughts, thoughts on Goal of Life, Confidence, Thoughts about Divine) 4. Tranquility (Calmness, Quiet, Absorbency, Blankness, Comfortable, Silent, Single Pointedness, Steady, Stillness) 5. Activity (Vibrations, Jerks, Flow, Light, Brightness, Colours, Heat, Cool)	