

Form No. _____

Date _____

Shiv Yog

Please select the course(s) you want to attend

Siddha Dhyana & Healing

Shambhavi Dhyana & Healing

Shree Vidya Sadhna

Program Date _____ City _____

Name: _____ Male Female

Address: _____

Email: _____ Date of birth: _____

Mobile: _____ Home Tel: _____

Profession: _____ PAN Number: _____

Details of last program attended (if any). Date: _____ City: _____

Details of any other self development programs attended: _____

Source of information (please tick the appropriate option)

T.V. Channel Name: _____ Friend/Relative Others (Specify) _____

Donation Amount: _____ Cash D.D. DD No.: _____

Dated: _____ Bank: _____ Receipt No.: _____

Kindly state your state your seating preference Chair Floor

Declaration

I am participating in the Shiv Yog programs at my own will. I take full responsibility for participating in this program, its outcome whatsoever. I will maintain the sanctity of the program and keep the proceedings of the program confidential. I will maintain the discipline during the program and I understand that if my conduct is found to be inappropriate, I would be asked to vacate the premises and I will be refused admission in the program. The donation for the program is **Non Refundable** and **Non Transferable**.

Date: _____ Place: _____ Signature: _____

Recording the program content by any device or mode is strictly prohibited. Anyone found doing recording will be asked to leave the venue and his registration will be cancelled.

Name of the Sadhak on Registration Seva: _____ Signature: _____

Form No.: _____ Date: _____ Receipt No.: _____

Name: _____ Donation Amount: _____

Registration done by: _____ Signature: _____ ID Card No.: _____