



Form No. _____

Date _____

SHAMBHVI DHYAN & HEALING

Program Date: _____ City: _____

All information on this form will be kept confidential

Name: _____ Male Female

Address: _____

City: _____ State: _____ PIN/ZIP: _____

email: _____ Date of Birth: _____

Mobile: _____ Home Tel: _____

PAN No: _____ Profession: _____

Pre-requisite: Siddha Dhyan & Healing (It is a must before Shambhvi Dhyan & Healing)

Attended on Date: _____ Place: _____

Details of 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: _____ Recpt No. _____

Declaration: I am participating in the Shambhvi Dhyan & Healing program at my own will. I take full responsibility for participating in this program, it's 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. Any one found doing recording will be asked to leave the venue & his registration will be cancelled.

Name of the Sadhak on Registration Seva _____ Signature: _____

Shambhvi Dhyan & Healing

Form No.: _____ Date: _____ Recpt No.: _____

Name: _____ Donation Amount: _____

Registration done by _____ Sign: _____ ID Card No: _____