



Form No. \_\_\_\_\_

Date \_\_\_\_\_

**SRI VIDYA SADHNA**

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: Shambhvi Dhyan & Healing (It is a must before Sri Vidya Sadhna)**

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 Sri Vidya Sadhna 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: \_\_\_\_\_

**Sri Vidya Sadhna**

Form No.: \_\_\_\_\_ Date: \_\_\_\_\_ Recpt No.: \_\_\_\_\_

Name: \_\_\_\_\_ Donation Amount: \_\_\_\_\_

Registration done by \_\_\_\_\_ Sign: \_\_\_\_\_ ID Card No: \_\_\_\_\_