



VED VIGNAN MAHA VIDYA PEETH

"Panchagiri Educational Campus", Udayapura, 21st K.m.,
Kanakapura Road, Bangalore South - 560 082

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(Please Fill the Form CLEARLY in CAPITAL Letters and all the information will be kept CONFIDENTIAL)

Purpose of Registration Part I Part II Sahaj Samadhi Eternity Process Blessing Course
 DSN Sri Sri Yoga Others _____

Course Date : _____ Arrival Date : _____ Departure Date : _____

Personal Info.

Name _____ Gender M F Date of Birth _____

Profession : _____ Marital Status : Married Single

Contact Info.

Address _____ Dist : _____
State : _____
Country : _____
Phone No. : _____
Mobile No. : _____
Email : _____

Health Condition

Medical History Astama Epilepsy BP Heart Problem Back Pain Pregnancy Other
 Walking Difficulty

Taking any prescribed Medicine : No Yes (Specify) :

Undergone any psychiatric treatment : No Yes (Specify) :

Self Development Programmes Taken :

Art of Living Courses				Preffered category of accomodation*
Course	Place	Date	Teacher	<input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/> 5 Sharing <input type="checkbox"/> Dorm <small>*Subject on availability</small>
				Room No. & Block

Mode of Payments

Course contribution : _____ DD No. _____ DD Dated _____

PAN No. _____ Bank _____

Declaration

I am participating in this "ART OF LIVING" programme on my own and I take full responsibility for my participation. I release VVKI/ VVMVP all organisers and assistance from all damages whatsoever and waive all rights to compensation in case of injury. I declare that, I am physically and mentally able to participate in this programme. I will not teach any techniques of the course unless SRI SRI RAVISHANKARJI has fully personally trained me.

Date _____

Signature of Participant _____

Office use only

Name of Instructor _____

Remarks _____

Signature _____

Receipt No.: _____