



VED VIGNAN MAHA VIDYA PEETH

21 st k.m., Kanakapura Road, Udayapura, Bangalore South-560082

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Program Registration Form

(Please fill the form clearly in CAPITAL LETTERS. All the information will be kept CONFIDENTIAL)

Program to Register: _____

Arrival Date & Time: _____ Course Date: _____ Departure Date & Time: _____

Personal / Contact Info:

FirstName:

(Given name)

Last Name:

(Family name)

Age: Gender: He She

Date of Birth: / /

Address:

District:

State:

Country:

City:

Phone:

Zip code:

Mobile:

Country of Residence: (Last 1 Year) _____

Occupation: _____

E-mail ID: _____

Marital Status: Single Married

Present Health Condition: If any please mark

Medical History: Asthma Epilepsy BP Heart Problem Back Pain Pregnancy

Walking Difficulty Other: Specify _____

Taking any Medicine: No / Yes: Specify _____

Undergone any Psychiatric Treatment: No / Yes: Specify _____

Art of Living Programs Taken:

Only for AOL teachers:

Courses	Place	Course Date	Teacher
Part-I			
Part-II/AMC			
Part-II/AMC			
Blessing			

Full Time Part Time

Teacher Code: _____

Courses you teach: _____

Declaration:

I am participating in this "ART OF LIVING" program in my own interest and take full responsibility for my participation. I will not engage in any activity which is not befitting or is derogatory to the manners/conduct expected in the ashram, thus abiding by the ashram rules as well. I release VVMVP/VVKI all organizers and assistants from all damages whatsoever and waive all rights to compensation in case of injury or loss of any kind. I declare that I am physically and mentally able to participate in this program. I will not teach or disclose any technique of the program unless SRI SRI RAVISHANKARJI has fully personally trained me. Once I have registered for a program or event, I understand that contributions are not refundable and registrations are non transferable.

Place :

Date :

Signature of the Participant

Only for office use

Remarks: _____ Allotment No: _____ Sharing: _____ Signature