



# VED VIGNAN MAHA VIDYA PEETH

"Panchagiri Educational Campus", Udayapura, 21st K.m.

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## Ashram Stay Registration Form (in BLOCK LETTERS)

Reason for Stay: \_\_\_\_\_ Block: \_\_\_\_\_ No: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F  
Address: \_\_\_\_\_  
\_\_\_\_\_ District: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Pincode: \_\_\_\_\_  
Contact No. (Residence): \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Arrival & Time: \_\_\_\_\_ Date of Departure & Time: \_\_\_\_\_

### Part 1 (Basic) Course Details

Teacher: \_\_\_\_\_ Course Date: \_\_\_\_\_ Place: \_\_\_\_\_

### Preferred Category of accomodation \*(Subject to availability)

Twin  Triple  5 Sharing  Dorm

Present Health Condition: \_\_\_\_\_ Previous Psychiatric History if any: \_\_\_\_\_

Seva Preferred: Kitchen / Housing / Campus Maintenance / Emergency Clinic (Doctors only)

Registration Amount / Contribution: \_\_\_\_\_ Referred by: \_\_\_\_\_

### Only for Art of Living Teachers

Teachers Code: \_\_\_\_\_  Full Time  Part Time

Courses you teach: \_\_\_\_\_

**DECLARATION:** I am participating in this ART OF LIVING programme on my own and I take full responsibility for participating in this programme. I release VVKI / VVMVP, all organizers and assistants 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 RAVI SHANKARJI as fully personally trained me. Ashram administration reserves all rights for the change of accomodation with or without any prior information. I will not engage in any activity not befitting / which is derogatory to the manners / conduct expected in the ashram, thus abiding to the ashram rules as well.

Place:

Date:

Signature