THE ART OF LIVING

VED VIGNAN MAHA VIDYA PEETH

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

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

Purpose : _____ **No. of Associates** ☐ **Referred by:** _____

Date of Arrival & Time: _____ **Date of Departure & Time:** _____

Personal / Contact Info:

First Name: (Given name) ☐☐☐☐☐☐☐☐☐☐☐☐ **Last Name:** (Family name) ☐☐☐☐☐☐☐☐☐☐☐☐

Age: ☐☐ **Gender :** ☐ He ☐ She **Date of Birth:** DD / MM / YYYY

Address: ☐☐☐☐☐☐☐☐☐☐☐☐ **City:** ☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐ **State:** ☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐ **Country:** ☐☐☐☐☐☐☐☐☐☐☐☐

District: ☐☐☐☐☐☐☐☐☐☐☐☐ **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: ☐ Heart Problem ☐ Back Pain ☐ Walking Difficulty

☐ Other: Specify _____

Undergone any Psychiatric Treatment: ☐ No / ☐ Yes: Specify _____

Part-1 (Basic) Course Details:

Course	Place	Course Date	Teacher
Part-1			

Only for Art of Living Teacher:

Teacher code: _____

Courses you teach: _____

☐ Full Time ☐ Part Time

Declaration:

I am staying in this "ART OF LIVING" campus in my own interest and I take full responsibility for my activities. I release VVKI/VVMVP organizers and assistants in case of injury or loss of any kind. I declare that I am physically and mentally fit. Ashram administration reserves all rights for the change of accommodation with or without any prior information. 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.

Place: **Date:** **Signature**

Only for office use

Remarks: _____ **Allotment No:** _____ **Sharing:** _____ **Signature**