

REGISTRATION FORM

PERSONAL DETAILS

Language	: _____	Photo
Name	: _____	
DOB	: _____ Age : _____	
Complexion	: V.Fair <input type="checkbox"/> Fair <input type="checkbox"/> Med. <input type="checkbox"/>	
Place of Birth	: _____ Time : _____ a.m/p.m	
Rasi	: _____ Star _____ Padam _____	
Diet	: Veg <input type="checkbox"/> Non-Veg <input type="checkbox"/>	
Native	: _____ District : _____	
Qualification	: _____ Height : _____	
Job Details	: _____ Income / Month : _____	
Disability (if any)	: _____ Marital Status : Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> widow <input type="checkbox"/> widower <input type="checkbox"/>	
Brothers	: Elder _____ Younger _____ Married _____	
Sisters	: Elder _____ Younger _____ Married _____	
Contact Person	: _____ Relationship _____	
Mobile No.	: _____ Phone No. : _____ Email Id. : _____	
Address	: _____	

EXPECTATION

Qualification	: _____ Height _____ Tamil Yadav <input type="checkbox"/> Telugu Yadav <input type="checkbox"/>
Diet	: <input type="checkbox"/> <input type="checkbox"/> Native : _____ District : _____
Marital Status	: Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> widow <input type="checkbox"/> widower <input type="checkbox"/> Job (for girls) Must <input type="checkbox"/> Optional <input type="checkbox"/> Not Reqd <input type="checkbox"/>
Other Expectations	: _____

HOROSCOPE

Balance _____ Dasa _____ Day(s) _____ Veg _____ Month(s) _____ Non-Veg _____ Year (s) _____

FOR OFFICIAL USE

Registration No. : _____	Registration Date : _____
Received on : _____	Received by : _____
Payment Details : _____	
Informed to Client on : _____	
Remarks : _____	