

BASIC INFORMATION:

1. City you are from

Month / Date / Year

2. Name (Last)  (First)

(Middle)  (Name I like to be Called)

3. Home Address (Street /P.O. Box)

City / Town  Pin Code  Country

4. Home Phone  Work Phone  Mobile No.

5. Age  Date of Birth (Day/Month/Year)  Sex : M / F

6. Qualification  Occupation

7. Husband Name / Father's Name

Qualification  Occupation

8. Any medical history/allergic to

To help you to benefit fully, we ask that you take a moment to state specifically and answer the questions.

Answering these questions does not suggest or guarantee that you will achieve them. However, by being specific you will facilitate your participation. (You may attach additional pages if needed)

9. Answer the question in Yes / No

a. Are you intuitive?	Yes <input type="text"/>	No <input type="text"/>
b. Are you open to learning?	Yes <input type="text"/>	No <input type="text"/>
c. Are you clairvoyant?	Yes <input type="text"/>	No <input type="text"/>
d. Do you meditate?	Yes <input type="text"/>	No <input type="text"/>
e. Are you happy?	Yes <input type="text"/>	No <input type="text"/>
f. Do you feel young?	Yes <input type="text"/>	No <input type="text"/>
g. Do you read?	Yes <input type="text"/>	No <input type="text"/>
h. Do you do any charity?	Yes <input type="text"/>	No <input type="text"/>
I. Are you Introvert?	Yes <input type="text"/>	No <input type="text"/>
j. Are you socially active?	Yes <input type="text"/>	No <input type="text"/>
k. Can you feel any sensations in your body?	Yes <input type="text"/>	No <input type="text"/>

10. Your Dreams ?


11. Expectations from us?


12. Anything that you would like us to know about yourself?


13. Any Incident of Your Life you would like to share?


**DECLARATION**

I hereby declare that the information provided is correct and to best of knowledge.