



From Wonder, Wisdom
Heartfulness Education Trust



Participant Information Form

Participant Name..... Keena Yadav

Name of Mother/father/Guardian..... Mr. Kamanand Yadav

Address..... Shri Sacha Baba Nagar Deoil Naini Prayagraj

City..... Prayagraj State..... Uttar pradesh

Contact No..... 9389976933

Participant Age..... 17..... Age Proof- AdharCard/Ration Card/Voter Id/School Certificate (Tick Please)

Email Id of Participant.....

Name of Institution/School/College..... Saraswati Bal Mandir

..... Inter college

Address of Institution/School/College..... Chakdaul Nagar Naini Prayagraj

Contact details of Institution/ School/College.....

Language—Hindi/English (please Tick)

Category:-

1-Age Group 14-18 yr (500 words) ☒

2-Age Group 19-25 yr (750 words) ☐

Keena

Signature of Participant



भारतीय रिपब्लिक
भारत

पता:

आत्मजा: रामानंद यादव,
अरैल, अरैल उपरहार,
इलाहाबाद,
उत्तर प्रदेश - 211008

Address:

D/O: Ramenand Yadav, arail,
Arail Uparhar, Allahabad,
Uttar Pradesh - 211008

5453 1021 3200

MEERA AADHAAR, MERI PEHACHAN



भारतीय रिपब्लिक
भारत



रीना यादव

Reena Yadav

जन्म तिथि/ DOB: 01/01/2005

महिला / FEMALE



5453 1021 3200

मेरा आधार, मेरी पहचान