**REGISTRATION FORM FOR VEDIC MATHEMATICS COURSE**

I would like to join:

(tick your choice)

Student (Class XII or lower) Online

Other Online/Postal

Full name .....................................................

Gender............................Age.........................

Full mailing address.......................................

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E‐mail address ................................................

Home phone..................................................

Cell phone.......................................................

Date of birth..................................................

Present occupation.........................................

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Educational qualifications................................

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Spoken languages...........................................

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Written/Read Languages..............................

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Have you attended any Vedic Mathematics workshops previously? (If yes, specify) ..................

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Are you a member of or affiliated with any

spiritual/religious organisation(s)? (If yes,

specify)

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**Registration Details**

Draft/cheque no....................on bank..........................

dated................................................................