

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.....