

Form No.



SOUTH DUM DUM SWASTIK

Krishnamurthy Astrology and Vastu Research Society

REGISTERED UNDER THE GOVT. OF W.B & GOVT. OF INDIA

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ADMISSION FORM
TO BE FILLED IN BLOCK LETTERS

STICK
COLOR
STAMP SIZE
PHOTO

STUDENT DETAILS:

Student's Name: Sri / Smt. / Ms. _____

Date of birth: _____, Age _____, Sex _____, Nationality: _____

Religion: _____, Cast: _____, Contact: _____

Whatsapp No. _____, Email: _____

Voter ID No. _____, Adhaar / Passports No. _____

Present Address: _____

_____ Pin code: _____, State: _____

Permanent Address: _____

_____ Pin code: _____, State: _____

Educational Qualification: _____, If any Astrological Qualification: _____

Certificate No. _____, Name of Institution: _____

Marital status: _____, if any major diseased: _____

GUARDIAN DETAILS:

Fathers / Guardian's Name: _____

Contact No. _____, Email: _____

Emergency Contact: _____, how to know about us: _____

Mode of Course: Regular ☐ Distance / Online ☐ Session _____, Course Duration _____

Course name please ☒ mark as below:

KP/ VEDIC / BNN ASTROLOGY	VASTU SASTRA	PALMISTRY	NEMUROLOGY	TAROT CARD
Fundamental	Fundamental	Fundamental	Chaldean	Fundamental
Advance	Advance	Advance	Lo shu Grid	Advance
Master Degree	Master Degree			
Ph.D.	Ph.D.			

I have enclosed as a proof of identity & proof of address etc. _____

Declaration: I do hereby declare that the above-mentioned statement / information is true and best of my knowledge & belief. I have read and understood all the rules, regulation and disciplines of the institution / organization and agree to abide them. I / any person on my behalf will not claim any refund of money / fees paid to the "SDSKA & VRS" after attending the organization workshop / class etc. we indemnify that our signing this document is to ensure that we abide by rules and regulations prescribed by the admission official of the SDSKA & VRS.

Date: _____

Place: _____

Full Signature of the Applicant