



VEDIC MANTHAN

INDIA'S FIRST

ACADEMIA-INDUSTRY AYURVEDA AND MEDICAL ASTROLOGY SUMMIT

MASTER CLASS REGISTRATION FORM - ORGANIZATIONAL / GROUP

07 May 2020

1. Full Name : _____
2. Email ID : _____
3. Mobile No. : _____
4. Organisation : _____
5. Date of Birth : _____
6. Place of Birth : _____
7. Time of Birth : _____
8. Address : _____
9. Payment Mode : Bank Deposit/Online Transfer viz., UPI/Debit/Credit Cards/Net Banking

Details of the Other Participants attending the Master Class with you:

FULL NAME	GENDER	CLASS / ORGANISATION / PROFESSION	DATE OF BIRTH	PLACE OF BIRTH	TIME OF BIRTH	EMAIL ID

You can attach a separate sheet with the same format if the list of the participants increases*

No. of participants _____

Total amount payable (INR) _____

Date:

Place:

Signature of the Authorized Applicant

Note:

a) By registering, you agree to terms and conditions mentioned.

b) For reserving your seat by making Bank Transfer, please make the payments in the following Bank Account Details and attach the copy of the receipt with the application:

School of Healing Private Limited

A/c. No: 036205002900

Bank Name: ICICI Bank

IFSC Code: Manimajra Branch, Chandigarh

Branch: ICIC0000362