VAISHYA SAMAJ – KERALA, VADHU – VAR REGISTRATION FORM

10/543 A, AMMANKOVIL ROAD, AMARAVATHY, NEAR SREE JANARDHANA DEVASWAM, KOCHI 682001
MOB. NO: +91 9496447878, +91 9744551829, E-mail ID: kochivaishyasamaj@gmail.com

REG. NO. : ..... **DATE : .....**

Name of the Bride/ Bridegroom in Full: .....

Date of Birth: ..... Age: ..... Height (Cm): ..... Weight (Kg): .....

Complexion/Skin Color: Fair / Wheatisth / Brownish / Dark Black Blood Group: .....

Educational Qualifications: .....

Profession / Employment Details: .....

Monthly Income: .....

Languages Known: KONKANI / MALAYALAM / ENGLISH / HINDI / Others (Specify) .....

Whether Bride/Bridegroom- Unmarried / Widower, Widow, Divorced with/without issue.

(Specify Details).....

Whether Bride/Bridegroom is physically challenged, give details: .....

Details if any: .....

Details of Family Members

SL No	Name	Age	Relationship	Married / Unmarried	Employment Details

Parents/ Relatives Address and Phone Number for Correspondence:

Name of contact person: .....

Address: .....

City: .....PIN code: .....State: .....

Phone No.: .....Mob. No: .....Email ID: .....

Partner Preference Details

Required Age Difference: ..... Food Habits: Vegetarian / Non-vegetarian

Educational Qualifications: .....

Profession / Employment Details: .....

Whether Interested in Other State: YES / NO .....

Any Other Details: .....

Janma Lagna Patrika

Photo

Birth Time : .....

Rashi : .....

Nakshatra : .....

Nadi : .....

Gana : .....

Gotra : .....

Mangal : YES / NO

Family Deity (Kuladevatha): .....

Declaration

The above details are true and correct to the best of my knowledge and belief.

Place : ..... Applicant Signature: .....

Date : ..... Name : .....

N.B: Fee for Registration of Application Rs. 100/-