

# Astro Bhrigu Vision

## REGISTRATION FORM – NADI READING

### Instructions for completing and sending the Form :

1. Read the complete Form Carefully.
2. Complete the Questionnaire using CAPITAL LETTERS.
3. Affix your Thumb Impression. (Neatly and clearly).
4. Send the completed Form to the following address by Registered A/D or by some reliable couriers / By Hand.
5. If you have not paid online , please send the Demand Draft Drawn in favor of “**Astro Bhrigu Vision**”, Payable at **Delhi** for the amount suggested on the site .

**Astro Bhrigu Vision**  
**ER- 13, Inderpuri**  
**New Delhi – 100 012.**

### PERSONAL DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_

Pin Code : \_\_\_\_\_

Phone : (Day) (\_\_\_\_\_) \_\_\_\_\_ Phone: (Eve) (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ e- mail: \_\_\_\_\_

Date of Birth (use format DD/MM/YYYY) : \_\_\_\_\_  
(for example, 31/12/1970)

Also, please write date of birth in words : \_\_\_\_\_  
(for example, December 31, 1970):

Time of birth (\_\_\_\_\_) AM/ (\_\_\_\_\_) PM

Place of birth : \_\_\_\_\_

please include city or town, state, country: \_\_\_\_\_

Note : Please be informed that prior to Nadi Reading the "The NADI LEAF" is to be identified. There are rare chances of "Leaf" may not found at a particular point of time. If no "LEAF" is found, we will be refunding the paid amount after deducting Rs.100/- as administrative Charges.

Please check the appropriate areas below :

Yes, I am requesting Shiva Nadi - Chapter 1

(Conversation between Lord Shiva & Goddess Parvathi) Rs. 3500/-

Delivery Options:

The Above prices are for in-person readings only.

Other delivery options are as follows. The prices are per chapter:

Audio Tape translation in Tamil - Rs. 500/-

Audio Tape in language other than Tamil- Rs.2000/-  
(you will be contacted to confirm the language)

Written translation into English- Rs.2000/-

Release Form

I fully understand that a Nadi Astrology record does not exist for every person. I take full responsibility for monies paid.

I further understand that Nadi astrology is a divine science. The letters appear and disappear on the leaves, so the words cannot be re-traced to the leaf at a later date.

Date : \_\_\_\_\_ Signature: \_\_\_\_\_

Instructions for Completing the questionnaire

Please give single word answers to the questions. Do not volunteer information.

1. For question requiring "YES" or "NO" as an answer.
2. If the question is relevant to you or applicable in your life, answer "YES".
3. If a question is not relevant to you or not applicable in your life, answer "NO".
4. If you are undecided about the answer to a particular question, then please write "NOT SURE" as the answer.
5. For the questions that refer to your relationships, just answer as "GOOD" or "BAD" or "NEUTRAL".
6. For questions that pertain to health conditions, please write as "GOOD HEALTH" or "UNHEALTHY". Don't specify diseases.
7. For questions where you may not be able to give single word answers, please be very brief in your answers and do not elaborate on the answers.

Nadi Astrology Questionnaire

1. Name (in full): \_\_\_\_\_

Sex (Male / Female) : \_\_\_\_\_

Date of Birth : (DD / MM / YYYY): \_\_\_\_\_

Date of Birth in words ( 31<sup>st</sup> December 2004) : \_\_\_\_\_

Time of Birth (24 hours Time. Ie 20.30 hours for 8.30 PM) : \_\_\_\_\_

Place of Birth (exact) : \_\_\_\_\_

Town, City, State, Country : \_\_\_\_\_

Are you adopted? (YES/NO) : \_\_\_\_\_

2. Your educational qualifications:

\_\_\_\_\_

\_\_\_\_\_

Do you have any idea to pursue higher studies? : \_\_\_\_\_

**3. Mother's name (in full) :** \_\_\_\_\_

Is she alive? : \_\_\_\_\_

Please describe health problems, occupation / business : \_\_\_\_\_

\_\_\_\_\_

Details of properties : \_\_\_\_\_

\_\_\_\_\_

**4. Details of patrimony –**

Father's Name (in full) : \_\_\_\_\_

Is he alive? : \_\_\_\_\_

Please describe health problems and occupation / business : \_\_\_\_\_

\_\_\_\_\_

How many times has your father been married? : \_\_\_\_\_

Through which wife were you born? : \_\_\_\_\_

**5. Number of brothers and sisters (currently living):** \_\_\_\_\_

What is your position among your siblings? : \_\_\_\_\_

List the marital status of your brothers and sisters

\_\_\_\_\_

\_\_\_\_\_

**6. If Married Name of wife/husband (in full) :** \_\_\_\_\_

Is he/she alive? : \_\_\_\_\_

His/her job or business details : \_\_\_\_\_

Does he/she have any health problems? : \_\_\_\_\_

How many times have you been married? : \_\_\_\_\_

7. Children (Total Number) : \_\_\_\_\_

Number of male and female : \_\_\_\_\_

Their educational status (Specify grades) : \_\_\_\_\_

\_\_\_\_\_

Their job/business details : \_\_\_\_\_

Marital status details : \_\_\_\_\_

Nature of relationship between self And children : \_\_\_\_\_

8. If unmarried Are you in relationship? : \_\_\_\_\_

Are you planning on marrying this person? : \_\_\_\_\_

Details of surgical treatments you have already undergone : \_\_\_\_\_

\_\_\_\_\_

9. Nature of business or job : \_\_\_\_\_

If business - with partners or without partners? : \_\_\_\_\_

10. Details of debts : \_\_\_\_\_

Is there any litigation? : \_\_\_\_\_

Do you have any health problems : \_\_\_\_\_

**AFFIX A CLEAR THUMBPRINT USING AN INK PAD**

**FEMALE – LEFT HAND**

**MALE – RIGHT HAND**

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