Jivan Vidya Life Skills Workshop Registration Form 1st May to 6th May, 2011 (6 days)

Full Name of Participan	nt:	
Age:	Sex:	
Registration Advance:	Rs.1000	
	eque / Demand Draft/Electronic Remittan payable at Sirsi to "Jeevanshala Trust")	ce*:
	mand Draft / Electronic Remittance: ank, & Cheque or Demand Draft Number)	
Phone:		
Full Contact Address:		
Email ID:		
College/Institution/Org	ganisation/Company:	
Please mention any foo	od/dietary restrictions:	
	y chronic/serious medical condition, or an e carry your supply of medication)	re you on any daily medication? If yes, please
How did you find out a	about this workshop (please be specific):	
Have you attended a JN If yes, how many times	/ workshop (shivir) earlier? s? Where?	
Languages you are comfo (The workshop will be con	ortable with: English / Hindi / Kannada / ducted in English)	Others :/
		d <u>may not</u> be attended partially. I undertake to me for the commencement of the workshop.
Signature:		Date:

NOTE: Please fill in this registration form and send to the following postal address, along with the cheque/draft of Rs.1000 payable at Sirsi to "Jeevanshala Trust" by registered/speed-post (Do not send by private couriers since they do not deliver to the rural area where our office is located). Please write your name and address on the back of the cheque/draft. This registration amount is non-refundable, but will be deducted from your total contribution to the workshop.

Centre for Holistic Learning JEEVANSHALA TRUST Nagalaxmi Bhavan Hulekal Village, Sirsi - 581 336. Karnataka

^{*} The fee can be remitted electronically into the account of JEEVANSHALA TRUST in State Bank of India, Sirsi, Karnataka. (Branch code:917). Account no.31596100459. After you have remitted the amount, please email us and let us know at: centre.for.holistic.learning@gmail.com