



RRishibani Institute of Vedic Astrology

Under Multi Society for Services to People (Regn. No. S-1L 32075/2005-06) and in collaboration with AIYCSM
(Regn. No. WB IV 00451/2014), ISO 9001:2015 Certified Organisation.

Application Form

RRishibani Jyotish Banga Bibhushan Samman/Banga Jyotish Samragnee Samman

Name of the Applicant _____	<div style="border: 1px solid black; padding: 5px; text-align: center;">Paste a Recent Colour Photo</div>
Father/Guardian/Spouse Name _____	
Date of Birth _____ Time of Birth _____ Place _____	
Residential Address _____	

Block _____ Dist _____ State _____

Near Landmark _____ Pin Code _____

Tel./Mobile Number _____

E-mail _____

General Qualification _____

Astrological Qualification _____

Name of the Institute/Board/Organisation _____

Registration No (If Any) _____

Details of Practice (Chamber Name, Address, Phone Number etc)

Duration of Practice _____

Declaration: I hereby apply for the RRishibani Jyotish Banga Bibhushan Samman/Banga Jyotish Samragnee Samman organized by RRishibani Institute of Vedic Astrology thoroughly. I have understood the rules, terms and conditions of RIVA and hereby agree to abide by them. I also ensure that the above information mentioned are true.

Recommendation of Coordinator

The details stated in the form are verified by me and the undersigned student is recommended for Admission

Signature & Seal _____

Signature of The Applicant

Date _____

Place _____