

# Inner Strength Foundation

## ART OF DYING

LIFE AFTER LIFE

Program Date: \_\_\_\_\_ City: \_\_\_\_\_

### REGISTRATION FORM

First Name

Last Name

Address

City

State

PIN

Phone Res.   
Mobile

Email

Profession

D.O.B. (DD/MM/YYYY)

Pre-requisite: Prati Prasav Sadhna (Siddha Past Life Therapy)

Attended on Date \_\_\_\_\_ City \_\_\_\_\_

I am enclosing contribution donation of Rs. 10000/- (Ten Thousand only) in the form of

D.D. No. \_\_\_\_\_ OR Transaction No. \_\_\_\_\_

Dated: \_\_\_\_\_ Bank: \_\_\_\_\_

Date:

Signature:

\* The Foundation reserves the right to refuse admission to the program without assigning any reasons whatsoever.