

International Vedic Society

Founder- Shri Govindabhakta Das

PUJAVIDHI COURSE 2022 REGISTRATION FORM

Please fill out this form completely and carefully with your correct/updated postal address and name that you wish to be stated on your PUJAVIDHI. diploma so we can send you your diploma and information on upcoming programs.

Devotee name: _____

Passport/Identity card name: _____

Preferred name(s) for diploma: _____

Telephone(s): _____ E-mail(s): _____

Date of birth: ____/____/____ Mother tongue: _____ Age _____

Male Female Asrama/Marriage Status: _____

Year you came in touch with IVS: _____

Year you started following the 4 reg. principles and chanting minimum 16 rounds of maha-mantra daily: _____

Date of initiation: ____/____/____

Spiritual master: _____ E-mail/contact number: _____

How frequently do you associate with devotees and in which context (Morning program, sat-sanga, service, other):

Education (Non devotional): _____

Training received in Spirituality: _____

Spiritual books you have read: _____

How did you learn about the course? _____

Recommending person: Name _____ Postal and e-mail address _____

_____ Telephone: _____

If you are being or have been subject to a disciplinary action by an IVS authority, briefly state details: _____

I agree to participate in the 2022 IVS PUJAVIDHI course following all the policies of acceptable vaishnava behavior.

Signature: _____

Date: ____/____/____

