

SRI SRI INSTITUTE OF AGRICULTURAL SCIENCES & TECHNOLOGY TRUST



(Reg No- BNG(U)BSK-198/2008-09)

21ST Km Kanakapura Road, Udayapura Post, Bangalore-560082
Ph-080-28432965, e-mail: sisriagri@gmail.com, www.ssiast.com

REGISTRATION FORM

Name of Program _____	Date of Commencement _____												
Name: _____													
Age: _____	Date of Birth: _____												
Address: _____													
City: _____	State: _____	Pin: _____											
E-mail: _____	Mobile: _____												
Profession: _____	Company _____	Corporate _____											
Educational Qualification: _____													
Land Holding _____	Able to work in big farm y/n _____												
Do you have an open terrace/Balcony: _____													
Mention dimension _____													
Crops Grown: _____													
Art Of Living shibir Attended: Yes / No	Details of AOL shibir attended:												
<table border="1"><thead><tr><th>SAHIBIR</th><th>NAME OF TEACHER</th><th>LOCATION</th><th>DATE</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	SAHIBIR	NAME OF TEACHER	LOCATION	DATE									
SAHIBIR	NAME OF TEACHER	LOCATION	DATE										
I am agree to work in sunlight y/n _____													
I am participating in this program with my own interest and I take full responsibility for participating in this program, I declare that I am physically & mentally able to participate in this program.													
PLACE:													
DATE:	SIGNATURE:												

SRI SRI INSTITUTE OF AGRICULTURAL SCIENCES AND TECHNOLOGY TRUST, BANGALORE

Donation: _____ Date: _____ Place: _____

Receiver's Name: _____ Receiver's sign: _____