

**WORKSHOP ON VARMANIAM TREATMENT FOR NERVOUS
DISEASES AFFECTING PANCHENTHRIYANGAL (5 SENSE ORGANS)**

CONDUCTED BY: VARMANIAM FOUNDATION, KANYAKUMARI.

Venue: Trivandrum

Date: 21 & 22 November 2015

REGISTRATION FORM

Reg .No:

Name :

Age :

Gender :

Marital Status :

Parent's /Husband's Name, Occupation &
Occupational Address :

Educational Qualification

If Doctor give Reg.No :

Present Occupation/Employment
(Give the Name, Address and Telephone
Number) :

Permanent Address
with Phone No :

Mobile No

E-mail Address :

Area of interest in Varmam :

Previous Varmam Experiences
(if any) :

Affix Recent

Passport size

Photograph

DECLARATION

I hereby declare that all the particulars given above are true to the best of my knowledge.

Place :

Date :

Signature of the trainee