## Indian Council of Astrological Sciences (Regd.) Chennai Correspondence Address: Kowtha Swaarajya Vihar, No. 10, Padma Rao Nagar, Secunderabad-500 025



## **Application Form**

LM No.

	Founded by Dr. B.V. Raman			
1. 2.	General Instructions  Use Capital Letters only for filling up this form.  For columns 2, 3, 4, 5 & 12 put a (✓) mark in the appropriate box.	Recent Passport size Photo of Applicant duly attested by Chapter Chairman /		
1.	Name of Centre : Gazetted Officer			
2.	Name of the Examination : Jyotish Praveena			
3.	Semester Applied : First Second Both			
4.	Paper No. Appearing For: Praveena 1 2 3 4 Visharada 1 2 3 4 5 6			
5.	. Medium of Examination : English Hindi Kannada Others (Specify) :			
6.	Name of Candidate (Capital Letters) : Mr. / Ms. / Mrs. / Dr.			
7.	Father's / Husband's Name (Capital Letters) : Mr. / Dr.			
8.	8. Date of Birth (DD / MM / YYYY) :			
9.	Address for Communications :			
Pin	code :			
10.	Phone - Office : Residence :			
11.	Educational / Professional Qualification : (Attach Photocopy)			
12.	Experience in Astrology : Student Amateur Professional No.	of Years :		
13.	. Membership Details : Student Life Member No. Date of Issue :			
	a. If not already a member of ICAS, enclose attached membership form duly fille Rs. 1000.00.	ed in with a fee of		

b. If already a member, enclose photocopy of membership card or renewal receipt.

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14. Candidates	s appearing for visharada iu	irnish details of Praveena results :	
Centre :		June / December :	
Roll No. :		Marks Obtained : (in %) :	
15. Details of F	Fees Remitted :		
	Examination Fee	<b>;</b>	Membership Fee
Name of Ba	ank :	Name of Bar	nk :
Branch:	DD No. :	Branch :	DD No. :
Date of issu	ue :Amt.:	Date of issue	e:Amt:
a. Demar	nd Draft for Examination Fe	e should be drawn in favour of <b>Contr</b> e	oller of Examinations, ICAS (Regd.)
	<b>le at Delhi</b> nd Draft for membership Fee	should be drawn in favour of <b>Secreta</b>	ry, ICAS (Regd.) Payable at Chennai.
cortify that the	above particulars are true	and correct to the best of my knowle	dae and helief
certify triat trie	above particulars are true	and correct to the best of my knowled	age and belief.
Encl.			
	•	ication certificate / Praveena M	ark Sheet.
	ship Card of Applicatior Photographs.	1 Form.	
` ,	payment of Examination	on / Membership Fee.	
			Signature of the Candidate
			Orginalaro or ano canandaro
		For Office Use Only	
Roll No.		Application Accept	ed / provisionally Accepted / Rejected
Name of Centre			
vame or Centre	z. [		
Remarks :			

**Controller of Examinations**