Please retain this Hall Ticket for Both Semesters Indian Council of Astrological Sciences (Regd.) Chennai.

Correspondence Address : Kowtha Swaarajya Vihar, No. 10, Padma Rao Nagar, Secunderabad-500 025

	Admit Card-Session June / December	
		LMNo.
Roll N	lo. : (to be assigned by Con	troller Office)
(To be	e filled in by the Candidate)	
1.	Name of Candidate (Capital Letters) : Mr. / Ms. / M	rs. / Dr.
2.	Father's / Husband's Name (Capital Letters): Mr. /	/ Dr.
3.	Address for communication :	
	Pincode :	
4.	Name of the Examination : Jyotish Praveen	Jyotish Visharada
5.	Language : H E K M	
6.	Semester Applied : First Second Both	
7.	Paper No Appearing For : Praveena 1 2 3 4	Visharada 1 2 3 4 5 6
8.	Name of Centre :	$\Box$
9.	Address of Venue of Examination : (Chapter's should	d affix rubber stamp of the
venue	e) 	
	Recent Passport size Signature	e of Candidate
		ture of candidate Attested
		nature of Chapter Chairman / tted Officer with Official Seal

Admitted / Provisionally Admitted Subject to furnishing the following items : (1) Photographs

(1) \_\_\_\_\_ Photographs
(2) Attested copy of Qualification Certificate / Praveena mark sheet

(3) Photocopy of Membership Card / Renewal receipt.

## (Please see overleaf for instructions)

2