

INDIAN COUNCIL OF ASTROLOGICAL SCIENCES CHENNAI

(Regd. No. 276 / 1984) Chennai

ICAS Founder President : (Late) Dr. BV Raman

Correspondence Address : Kowtha Swaarajya Vihar, No. 10, Padmaraonagar, Secunderabad-500 025

APPLICATION FROM FOR LIFE MEMBERSHIP



Name (Mr. / Mrs. / Miss.)
(BLOCK LETTERS)

Address

.....Pincode:.....

LM No.

Mobile Number..... email ID :

I hereby apply for Life Membership in the Indian Council of Astrological Sciences (ICAS) and furnish the required details,

Date of Birth

Time of Birth

Place of Birth

(The above will be kept strictly confidential)



Education Qualifications
(Attach Xth Class/SSC Certificate Copy)

Profession:

Signature of Member

Mother Tongue

Date.....

Interested in Astrology / Palmistry / Allied Subject

.....

Recommended by:

Chapter Name.....

Chapter Address.....

.....

Signature of the Chapter Chairman/Center Co-ordinator

FOR OFFICE RECORD
Fee Received
Admitted I Rejected
From date.....
SECRETARY

Application should be accompanied by Draft in favour of Indian Council of Astrological Sciences (Regd.) Chennai,
Payable at Chennai DD No.....Amount Rs. Dated.....

Bank Name..... Branch.....

In case of Net Transfer (Please provide Transaction details) :

Please enclosed two passport size color photos.