



Indian Council of Astrological Sciences Lucknow Chapter II

New Student Enrollment Form

IT IS A NON-PROFIT ORGANIZATION - CMS Mahanagar, Lucknow, U.P., India

Full Name of Applicant *

Recent Photograph * *

Name of Father/ Husband *

Date & Time of Birth *

Address for Correspondence –

Street Address *

Address Line 2

City *

State/Region/Province *

Postal / Zip Code *

Country *

Contact Number *

Email Id *

Educational Qualification

Bank with DD Details/Transaction Id –

Fee Amount (INR)

Signature of Applicant

Date and Place