DATE:

Regn. No:



KALYANA KALPATARUVU

(Founder Late Sri Kalvakolanu Chittaranjan Das)

KALYANA SAMRAMBHAM-2015

(State Level Brahmin Matrimonial Convention)

BRIDE/BRIDE GROOM BIO-DATA

(Please Strike off Inapplicable)

(PLEASE FILL ONLY IN CAPITAL LETTERS)

SURNAME :

NAME :

DATE OF BIRTH : TIME OF BIRTH :

PLACE OF BIRTH : SEX :

STAR : PADAM :

GOTRAM : COMPLEX: Fair / Medium / Average / Dark

SECT : SUB SECT :

HEIGHT : (Ex: 5 FEET 6 INCHES – WRITE AS 506)

MARITAL STATUS: UNMARRIED DIVORCEE WIDOWEE (ER) WITH / WITHOUT ISSUES:

DETAILS:

EDUCATION QUALIFICATION:

JOB DETAILS:-

NAME OF ORGANIZATION:

DESIGNATION :

SALARY (Per Annum) : PLACE OF WORK :

Visa Status Etc. :

PHYSICALLY CHALLENGED: Yes / No, (If Yes Please give all details)

DETAILS :

FATHER'S NAME

FATHER'S DESIGNATION :

PHONE NO:

OFFICE (STD CODE)

RES (STD CODE)

CELL / MOBILE NO: : 1. 2.

EMAIL ID :

H.No.43/2RT, Vijayanagar Colony, Hyderabad-500057 Ph:040-23344550, Email:kktvivaha@hotmail.com; www.kktvivaha.org

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1. LOCAL		2. OUTSTATION				
	REQUIREMENT	:				
	SECT	:				
	SUBSECT	:				
	AGE GROUP (MIN – MAX)	:				
	HEIGHT (MIN – MAX) (Height in Feet & inches)	: MIN:	MAX:	(Ex: 5 FEET 6 INCHES – WRITE AS 506)		
	QUALIFICATION REQ	:				
JOB REQ : INDIA/ ABROAD.:						
	OTHER INFORMATION:	:				
	DETAILS OF DONATION : DD/ MO : AMOUNT :					
	DATE:					
	NUMBER:					
NAME OF THE BANK:						
Declaration						
	I declare that the particulars given above are true to the best of my knowledge and will hold mysel responsible for correctness thereof. I hereby agree to attend the Groom / Bride to the venue and I also accept to co-operate with the organizing committee by following all their instructions. I also accept fo displaying the Brides / Grooms details in your Website / Booklet. I am participating in the convention at my free will and accord and will not hold KALYANA KALPATARUVU responsible for any / all of the information given or accepted and for any eventualities and consequences arising out of this convention.					

ADDRESS:

SIGNATURE OF THE APPLICANT

NAME:

RELATION TO BRIDE / BRIDE GROOM:

(FATHER/MOTHER/APPLICANT/OTHERS)

(PLEASE PRINT THIS FORM ON BOTH SIDES IN ONE PAPER AND SEND TWO ORIGIONAL COPIES OF THIS APPLICATION ALONG WITH DD IN FAVIOUR OF "KALYANA KALPATARUVU, HYDERABAD")