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|  | **AUM FOUNDATION****(Divine Service Foundation)****(Dedicate for Integrated Holistic Health Care)****E-mail: integratedmedicine@yahoo.com****www.integratedmedicineindia.org** |

**“REQUEST REGISTRATION”**

***(You will get the time slot of 15 minutes within 48 Hrs. of Payment)***

1. **PERSONAL BIO DATA:**

**1. Name ...................................................................................................................**

Scanned Passport Size Photograph,

If not possible, please send separate in email / WhatsApp

**2. Date, Place &Time of Birth ............... ..............................................................**

**3. Country and Continent .....................................................................................**

**4. Religion ………………………………………………………...……...……….**

**5. Marital Status .................. If, married, No. children living you ....................**

**6. Living** -- Alone / Family

**7. Level of living Society** – Low /Medium/High

**8. Cultural Heritage** – Present / No

**9. Believe in Cultural Heritage** – Yes / No

**10. Any Accidental Death in Family** – Accidental / Premature /Suicidal

**11. Present Address with E-mail ID and Phone No. / WhatsApp No. .................................................**

**.....................................................................................................................................................................**

1. **PERSONAL DETAILS:**
2. **Dietary** – Simple and raw / Vegetarian / Non-vegetarian
3. **Self Confidence** – Poor / Average / Good
4. **Strictness to Commitment** – Poor / Firm / Strong
5. **Adjustability to New Situation** – 7 Days / 15 Days / More Than 16 Days
6. **Sleep –** Dreamful / Dreamless.
7. **Believe in Religious Values** – Yes / No
8. **Believe in Divinity** – Yes / No
9. **Any Family Deity** – Yes / No
10. **Memory of Divine Pictures / Rituals** – Poor / Satisfactory / Good
11. **Any Family Deity** – Yes / No
12. **Do you perform and believe in Yog and Meditation** – Yes / No
13. **CHIEF PROBLEMS:**

**(*Enumerate only three Problems with duration each one in 2-3 words relate to main Problem*).**

|  |  |  |
| --- | --- | --- |
| **SL** | **Problems** | **Approximate Duration(In Year & Month)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

1. **CONSULTATION THROUGH:**

Personal Visit / Telephonic Call / Video Call / Messages

1. **EVALUATION REQUIRED:**

As advised by Consultant

1. **SERVICE REQUIRED:**

As advised by Consultation

1. **EVALUATION REQUIRED:**

As advised by Consultant

**“REQUEST PAYMENT”**

I have paid Rs. ...................................... / US $ ...................................... on dated ....................................... through (NEFT/UPI/Cash or any other mode of payment) …………………. as Service Charge / Consultation Fee in the name of **World Association of Integrated Medicine,** Punjab National Bankat Bhikharipur Branch, Varanasi – 221004, INDIA; IFS Code: **PUNB0404500;** in S/B Account No: **4045000100017189**; Swift Code: **PUNBINBBVMG**. (Foreign candidates are requested to make their payment through Correspondent Bank in above account).