

REGISTRATION FORM

Basic Information

Plan	Elite <input type="checkbox"/>	Diamond <input type="checkbox"/>	Gold <input type="checkbox"/>	Silver <input type="checkbox"/>	Pendli on Fastrack <input type="checkbox"/>
Affiliated Center* : _____					
Bride/Groom Name* :			Gender *: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Father / Guardian Name* :					
Education Qualification* :			<input type="text"/>		
Annual Income of Bride / Groom* :			<input type="text"/>		
Email	<input type="text"/>			Mobile* <input type="text"/>	
Marital Status *	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Second Married <input type="checkbox"/>	
Children *	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No of children <input type="text"/>		
Complexion *	Very fair <input type="checkbox"/>	Fair <input type="checkbox"/>	Wheatish <input type="checkbox"/>	Dark <input type="checkbox"/>	
Height	<input type="text"/>				
More About Me : (Bride /Groom)					
<input type="text"/>					
Address Details *			Reference Details *		
Door No	<input type="text"/>		Friend	<input type="checkbox"/>	Relative <input type="checkbox"/>
Street Name	<input type="text"/>		Name-1		
Land Mark	<input type="text"/>		Mobile-1	<input type="text"/>	
Post	<input type="text"/>		Address-1		
Taluk	<input type="text"/>				
District	<input type="text"/>		Friend	<input type="checkbox"/>	Relative <input type="checkbox"/>
Pin code	<input type="text"/>		Name-1		
State	<input type="text"/>		Mobile-1	<input type="text"/>	
Country	<input type="text"/>		Address-1		

Horoscope Details *

(* All Fields are Mandatory)

Horoscope Language	English <input type="checkbox"/>	Telugu <input type="checkbox"/>	Tamil <input type="checkbox"/>	Kannada <input type="checkbox"/>	Hindi <input type="checkbox"/>						
Date Of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Birth Place	<input type="text"/>								
Time Of Birth	<input type="text"/> <input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM								
Star Sign	<input type="text"/>	Patham	<input type="text"/>								
Rasi	<input type="text"/>	Lagnam	<input type="text"/>								
SuyaGothram	<input type="text"/>	Madhulam	<input type="text"/>								
Thidhi	<input type="text"/>	Thisai Iruppu	<input type="text"/>								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Year</td> <td><input type="text"/></td> </tr> <tr> <td>Month</td> <td><input type="text"/></td> </tr> <tr> <td>Date</td> <td><input type="text"/></td> </tr> </table>				Year	<input type="text"/>	Month	<input type="text"/>	Date	<input type="text"/>
Year	<input type="text"/>										
Month	<input type="text"/>										
Date	<input type="text"/>										

	RASI		

	AMSAM		