

Havyaka Marriage Bureau, Mumbai

HAVYAKA WELFARE TRUST ®

B-207, Valmlki Apartments, Sunder Nagar,
Near Pharmacy College, Kalina, Mumbai.

400 098. Phone: 2665 2591.

Reg.No.....

REGISTRATION FORM

INSTRUCTIONS

1. Havyaka Marriage Bureau is open to all Indian Vegetarian Brahmins. Registration forms are available free of cost at our office at Kalina (phone: 2665 2591) and Dombivli medical center. (Phone 2487 291)
2. Registration charges are Rs. 200.00 for members and Rs. 300.00 for Nonmembers. Payment may be made by cash. or by cheque/DD in favour of 'Havyaka welfare trust' for Mumbai residents and by DD for outsiders. Charges for Foreign nationals are \$25.00. Registrant will be issued Receipt and the Registration Number. Outstation cheques are not accepted.
3. Registration is valid only for 2 years. It may be renewed for one more year by paying Rs. 100.00.
4. Form duly filled along with recent 4 x 6 size photograph may be sent to our office by post or delivered personally. Providing a copy of the horoscope is optional.
5. Details of Boys/Girls registered with us are available in person only to Boy/Girl or their relatives after quoting the registration number on every Saturday in between 4 - 6 pm at our Kalina office. Updated list of Boys and Girls will also be published at random in Havyaka Sandesha.
6. Havyaka marriage bureau is providing the information as given by the registered Boys/Girls or their parents. Registrants are hereby advised to personally verify the information on their own and no responsibility will be accepted for any error in the information.
7. If the Boy/Girl gets engaged or gets married kindly inform us by post/phone or by email.

1. Any of your family member is a member of Havyaka Welfare Trust? If yes Membership No.

2. Particulars of the boy/Girl:

(Surname)	(First name)	(Middle name)
Date of Birth -----	Gotra, Nakshtra -----	
Qualification.....	Height.....	Weight.....
Complexion.....	Status: Employed/Unemployed.	
If employed, Name of organization and place.		
Designation..... App. Salary (Optional).....		
Wear Spectacle/ Contact lenses? Yes / No.		Blood Group
Smoking? : Yes / No.		Hobby
Candidate is a Widow / Widower / Divorcee.....Handicaps, if any.....		
Outstanding achievements, if any		
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3. Your Preferences with respect to the Boy /Girl :

Age Group : Height Weight

Qualification Service / Business

App. Income (Optional) Any other expectation

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4. Particulars of Parents

Father's name

If in service, Organisation & Designation

Mother's name Employed/Housewife,

5. Other information:

Horoscope matching is necessary. Yes / No.

Agree for 'Sagotra' alliance? Yes / No.

Will you consider proposal from any other vegetarian Brahmin? Yes / No.

If yes, please specify.....

Will you prefer proposals from : Abroad / Mumbai / Other places.....

6. Mailing Address.

Telephone No. E-mail ID

Contact Person and telephone/Mobile no. in Mumbai.

Place..... Date Signature

For Office use only.

Amount paid by cash / cheque / DD No. Date

Drawn on Amount

Receipt No..... Date of receipt

Registration No. HWT Membership No.....

Signature..... Date

