





## MAHARISHI JYOTISH AND YAGYA PROGRAMMES

### Supplemental Requirements for Ascertaining the Correct Birth Time

Mr./Mrs.

Ms./Miss

(Circle one)

First name

Family name

1. Bodyheight: \_\_\_\_\_ cm. (centimeter)      2. Body weight at present: \_\_\_\_\_ kg. (kilogram)

3. What is the colour of your skin?  fair (pale white)  white  red  tan  black  yellow  olive  brown  other...

4. What are your hobbies? \_\_\_\_\_

5. Where have you been born (hospital, home etc.)? \_\_\_\_\_

If the birthplace is the hospital, what is the time given in the hospital certificate \_\_\_\_\_

Hours		Minutes	

If the birthplace is at home, what is the time (approximate) told by mother, father etc. \_\_\_\_\_

\_\_\_\_\_

Hours		Minutes	

6. Decision making pattern?

- I take quick decisions and also change them quickly
- I take time to decide but I am firm in the decision taken
- I take a decision and I am determined to do it whether it is wrong or right.
- I am not sure to which of the above category I belong.

Please fill in as shown in this example:

2:35 p.m. = 

1	4	3	5
Hours		Minutes	

7. Relationship, (whole life) with: (if you have more siblings or children please continue on a separate page)

Father  very good  good  not good  fluctuating  not sureMother  very good  good  not good  fluctuating  not sureSpouse  very good  good  not good  fluctuating  not sureFriends  very good  good  not good  fluctuating  not sure Sister or  Brother  very good  good  not good  fluctuating  not sure Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Sister or  Brother  very good  good  not good  fluctuating  not sure Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Sister or  Brother  very good  good  not good  fluctuating  not sure Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Daughter or  Son  very good  good  not good  fluctuating  not sure Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Daughter or  Son  very good  good  not good  fluctuating  not sure Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Daughter or  Son  very good  good  not good  fluctuating  not sure Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

8. Personality traits. \_\_\_\_\_

9. Personal interests. \_\_\_\_\_

10. Important habit. \_\_\_\_\_

11. Affected physical organs or mark (mole, spot) if any. (date of operation if any correction was made)

\_\_\_\_\_

\_\_\_\_\_

12. Acquisition of inheritance. Date: \_\_\_\_\_ from whom \_\_\_\_\_

Day – Month-Year

Please send by mail (write your name on the reverse side) or by e-mail: Jyotish-Yagya@Maharishi.net (if possible smaller than 50 KB) preferable a recent full size colour photo.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature : \_\_\_\_\_

Day – Month-Year

