

DATA OF HOROSCOPE

☎0674-6574249 / 09439444924

Normal	Emergency
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Timing: 9 A.M. to 9 P.M.

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Dt. of Submission of Horoscope:

Dt. of Receive of Horoscope:

Male	Female
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Name: (Mr./Mrs/Miss)

Birth Date: (if the birth between 12 A.M. to Next sun rise then give both dates)

Birth Time:

Birth Place: Block:

Rashi: Police Station: District:

Nakshetra: Sub-Division: Post Office:

Lagna:

Palm Leaf Horoscope	Khata Horoscope
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 Photocopy attached

PAST EVENTS

Marriage: (Month & Year)

Vehicle: (Month & Year) (Month & Year)

Starting of house construction: (Month & Year)

Property: (Month & Year) Property: (Month & Year)

What is your profession now?

First Child: (Month & Year) Second Child: (Month & Year)

Fracture: (Month & Year) (Month & Year)

Surgery: (Month & Year) (Month & Year)

Legal Case: (Month & Year) (Month & Year)

Loan: (Month & Year) (Month & Year)

Suspension in service or loss in business: (Month & Year)

Promotion :(Month & Year) (Month & Year)

New business start: (Month & Year)

Higher Study: (Month & Year)

Death of parents: (Month & Year)

First job or business: (Month & Year) Diseases: (Month & Year)

QUESTIONS

- | | | | | |
|--|--|--|---------------------------------------|--------------------------------------|
| 1) Marriage <input type="checkbox"/> | 2) Marital life <input type="checkbox"/> | 3) Divorce <input type="checkbox"/> | 4) Promotion <input type="checkbox"/> | 5) Property <input type="checkbox"/> |
| 6) Legal case <input type="checkbox"/> | 7) Legal case <input type="checkbox"/> | 8) Child <input type="checkbox"/> | 9) Diseases <input type="checkbox"/> | 10) Health <input type="checkbox"/> |
| 11) Foreign tour <input type="checkbox"/> | 12) Higher Study <input type="checkbox"/> | 13) Education & Result <input type="checkbox"/> | 14) Job: <input type="checkbox"/> | |
| 15) Change of job <input type="checkbox"/> | 16) Career & Business <input type="checkbox"/> | 17) New name of the child <input type="checkbox"/> | | |
| 18) Financial condition <input type="checkbox"/> | 19) Career & Business <input type="checkbox"/> | | | |

Signature- (If possible)