



**Head Office:** Pal House, B.R.Patil Marg, Pailipada, Trombay, Mumbai ,Maharashtra, India - 400088

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## REGISTRATION FORM FOR MATRIMONIAL

Full Name:	_____	<div style="border: 1px solid black; padding: 20px; text-align: center;"><b>PHOTO</b></div>	
Profile Name:	_____		
Gender:	Male / Female		
Age:	_____		
Email Id:	_____		
Father Name:	_____		
Mother Name:	_____		
Current Address:	_____ _____ _____		
Permanent Address:	_____ _____ _____		
Native Place:	_____		
Phone No.:	_____	Mobile No.:	_____
Date Of Birth:	__ / __ / ____ (dd/mm/yyyy)	Birth Time:	_____ (AM/PM)
Birth Place:	_____		
Father Gotra:	_____	Mother Gotra:	_____
Height( Inches):	_____	Weight(Kg):	_____
Complexion:	_____		
Education Details:	_____		
Job Details:	_____	Income (Rs):	_____

Body Type: \_\_\_\_\_

Diet: Veg. /Non Veg.

Smoking: Yes / No

Drinking: Yes / No

Marital Status: \_\_\_\_\_

Manglik: Yes / No

Physically / Mentally: Yes / No

Mother Tongue: \_\_\_\_\_

Horoscope Match: Yes / No

Preference: \_\_\_\_\_

Family Type: \_\_\_\_\_

Family Status: \_\_\_\_\_

No. Of Brother: \_\_\_\_\_

Married : Un Married:

No. Of Sister: \_\_\_\_\_

Married : Un Married:

Do you live with your parents : Yes / No

About Your Family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

About Your Self: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant