

7. Major journeys abroad:

Departure: _____
Day/Month/YearReturn: _____
Day/Month/Year

Departure: _____

Return: _____

8. Major losses:

Item: _____

Date: _____
Day/Month/Year

Item: _____

Date: _____

9. Major gains:

Item: _____

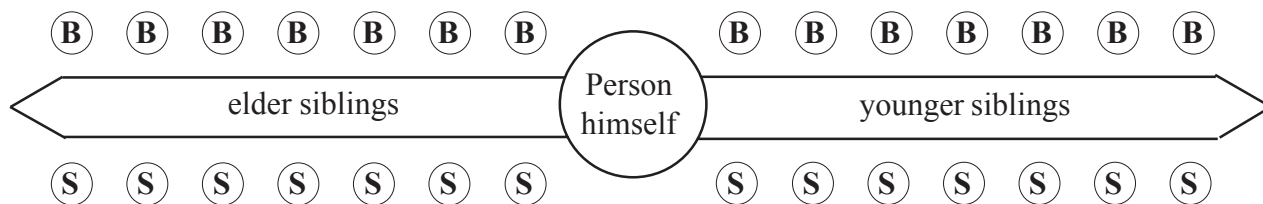
Date: _____

Item: _____

Date: _____

10. Mark the sequence of births in your family.

Please cross (B) for brother or (S) for sister



Birth dates of younger brothers/sisters (not elder):

a) _____ (B) (S) b) _____ (B) (S) c) _____ (B) (S)

d) _____ (B) (S) e) _____ (B) (S) f) _____ (B) (S)
Day/Month/Year Day/Month/Year Day/Month/Year

11. Highest educational degree: _____

Subject: _____ Date: _____
Day/Month/Year

Break in education: From: _____ To: _____

From: _____ To: _____

12. Profession: _____ Present occupation: _____

Previous change of occupation:

Type of occupation: _____ Starting date: _____

Type of occupation: _____ Starting date: _____
Day/Month/Year

For a reliable rectification of your birth time, at least five to eight major events in your life with exact date (very important) are required. If necessary please add any further events, e.g. change of residence, great fortunes, outstanding achievements or major transformations in your life:

_____ Date: _____
Day/Month/Year

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Date: _____ Place: _____ Signature: _____
Day/Month/Year

MAHARISHI JYOTISHSM AND MAHARISHI YAGYASM PROGRAMS

ASCERTAINING CORRECT BIRTH TIME

APPENDIX TO COMPREHENSIVE LIFE KUNDALI APPLICATIONS

For legibility, please type. All information will be kept confidential

Mr / Mrs / Ms _____ (Circle one)	First name _____	Approximate birth time: _____	Family name _____
Birth date: _____ Day/Month/Year	Hours: _____	Minutes: _____	and earlier than: Hours: _____ Minutes: _____
Birth place: _____ City	Country _____		

- Date of TM instruction: _____ (if applicable)
Day/Month/Year
- Date of becoming TM program Teacher: _____ (if applicable)
- Major illnesses, hospitalizations, surgeries, accidents: Specify the part of the body diseased or injured and the cause, like diabetes or car accident etc.
 - _____ from: _____ Day/Month/Year to: _____ Day/Month/Year
 - _____ from: _____ to: _____
 - _____ from: _____ to: _____
 - _____ from: _____ to: _____
- Did any close relative pass away?

Father:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause: _____	Date: _____
Mother:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause: _____	Date: _____
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause: _____	Date: _____
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause: _____	Date: _____ Day/Month/Year
- Marriage date: _____ Day/Month/Year
Divorce date: _____ Day/Month/Year
- Number of sons: _____ Number of daughters: _____

Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Child's birth date: _____ Day/Month/Year
Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	_____
Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	_____
Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	_____
Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	_____

For office use only

Rectified birth time: _____
Hours Minutes Seconds

by Maharishi Jyotish program expert: _____ Code Nr.: _____ Date: _____

7. Major journeys abroad: Departure: _____ Return: _____
Day/Month/Year Day/Month/Year

Departure: _____ Return: _____

8. Major losses: Item: _____ Date: _____
Day/Month/Year

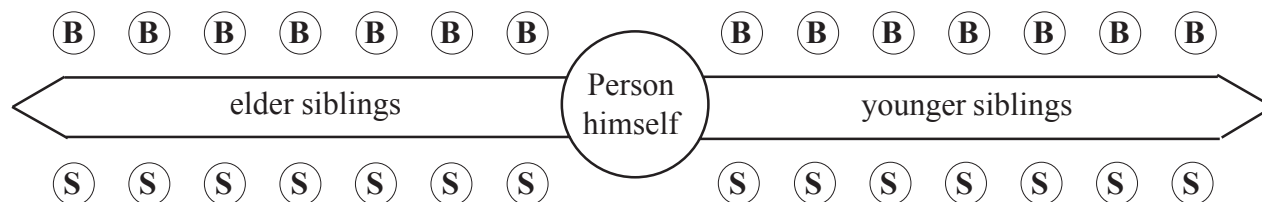
Item: _____ Date: _____

9. Major gains: Item: _____ Date: _____

Item: _____ Date: _____

10. Mark the sequence of births in your family.

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Day/Month/Year Day/Month/Year Day/Month/Year

11. Highest educational degree: _____

Subject: _____ Date: _____
Day/Month/Year

Break in education: From: _____ To: _____

From: _____ To: _____

12. Profession: _____ Present occupation: _____

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_____ Date: _____
Day/Month/Year

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Date: _____ Place: _____ Signature: _____
Day/Month/Year

MAHARISHI JYOTISHSM AND MAHARISHI YAGYASM PROGRAMS

ASCERTAINING CORRECT BIRTH TIME

APPENDIX TO COMPREHENSIVE LIFE KUNDALI APPLICATIONS

For legibility, please type. All information will be kept confidential

Mr / Mrs / Ms _____ (Circle one)	First name _____	Approximate birth time: _____	Family name _____
Birth date: _____ Day/Month/Year		Hours _____ Minutes _____	
Birth time is later than: Hours: _____ Minutes: _____		and earlier than: Hours: _____ Minutes: _____	
Birth place: _____ City		Country	

- Date of TM instruction: _____ (if applicable)
Day/Month/Year
- Date of becoming TM program Teacher: _____ (if applicable)
- Major illnesses, hospitalizations, surgeries, accidents: Specify the part of the body diseased or injured and the cause, like diabetes or car accident etc.
 - _____ from: _____ Day/Month/Year to: _____ Day/Month/Year
 - _____ from: _____ to: _____
 - _____ from: _____ to: _____
 - _____ from: _____ to: _____
- Did any close relative pass away?

Father:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause: _____	Date: _____
Mother:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause: _____	Date: _____
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause: _____	Date: _____
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause: _____	Date: _____ Day/Month/Year
- Marriage date: _____ Day/Month/Year
Divorce date: _____ Day/Month/Year
- Number of sons: _____ Number of daughters: _____

Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Child's birth date: _____ Day/Month/Year
Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	_____
Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	_____
Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	_____
Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	_____

For office use only

Rectified birth time: _____
Hours Minutes Seconds

by Maharishi Jyotish program expert: _____ Code Nr.: _____ Date: _____