

VISHWA HINDU PARISHAD(UK)
Registered Charity No.262684
www.vhp.org.uk
ILFORD BRANCH

Please reply to Matrimonial Service, Ilford Hindu Centre, 43 Cleveland Road ILFORD,
Essex, IG1 1EE

Communication Telephone Numbers : Mr. Darshan Chodha: 0208 500 1041 OR Mr. Alok Upadhaya: 07765 926 005
E-mail: alok_upadhaya@yahoo.co.uk

Registration Form

Please complete this Form in CAPITAL LETTERS and send it back to us with a Self Addressed and Stamped Envelope and your payment. Please make your cheque payable to 'VHP Ilford Branch'.

Title _____ Name _____ Surname _____

Date of Birth _____ Age _____ Country of Birth _____

Religion _____

Height _____ ft _____ inches Nationality _____

Qualifications (in short) _____

Employment _____

Place of Employment _____

Present Marital Status _____ Single / Divorced / Widow /Widower

Veg / Non Veg _____ Smoking: Yes / No _____ Alcohol: Yes/No _____

Living in City _____ Area/Country _____ Country _____

Nationality _____

Hobbies _____

Contact Details:Name: _____ Relation: Father/Mother/Guardian _____

Tel. No.(Home) _____ (Work) _____ (Mobile) _____

Email Address _____

Address: _____

Post Code _____ Country _____

Desired Life Partner

Age _____ to _____ years.

Height: _____ ft _____ inches to _____ ft _____ inches

Single / Divorced / Widow /Widower _____

Country of Birth _____ Country of Residence _____ Nationality _____

Veg. / Non Veg _____ Smoking: Yes / No _____ Alcohol: Yes/No _____

Profession _____

Hobbies _____

Declaration

1) I confirm that the above particulars are correct.

2) I have read and agreed to the conditions of registration.

3) I understand that the membership fee once paid is not refundable.

4) I enclose a cheque of £30 for new registration or £10 for annual renewal of the subscription. The cheque should be payable to 'VHP Ilford Branch'.

5) I consent to the VHP (UK) Ilford Branch storing and processing the above information.

Signature of Candidate _____

Signature of Parent/Guardian _____

For Office Use Only

Amount _____

Receipt No _____ Date _____

VHP Ref. No. _____