

**NAADI ASTROLOGER: SUNDAR.G.**

**THUMB IMPRESSION OF**

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(LEFT HAND FOR LADIES)

(RIGHT HAND FOR GENTS)

1. FULL NAME : \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_ BIRTH TIME : \_\_\_\_\_ ( AM / PM )

NAME OF BIRTH PLACE & COUNTRY \_\_\_\_\_

2. EDUCATION: \_\_\_\_\_

3. NUMBER OF SIBLINGS AND THEIR: PRESENT MARITAL STATUS, PROFESSION, ETC

4. MOTHER'S NAME (IN FULL): \_\_\_\_\_

PRESENT STATUS \_\_\_\_\_

5. NUMBER OF CHILDREN ( \_\_\_\_\_ SON & \_\_\_\_\_ DAUGHTER):

AND THEIR PRESENT STATUS

6. DETAILS OF DEBT, DISEASE, CASE AND : PROBLEMS THROUGH OPPONENTS :

7. NAME OF WIFE/HUSBAND/LIFE PARTNER AND:

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THEIR PRESENT STATUS

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8. ANY ACCIDENT SUFFERED OR SURGICAL

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TREATMENT UNDERGONE \_\_\_\_\_

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9. FATHER'S NAME (IN FULL)

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PRESENT STATUS: \_\_\_\_\_

10. PROFESSION: \_\_\_\_\_

11. HOW MANY TIMES YOU GOT MARRIED: \_\_\_\_\_

12. FOREIGN EXPERIENCES : \_\_\_\_\_

13. CONTACT NUMBER: \_\_\_\_\_

14. EMAIL : \_\_\_\_\_