

**ASTRO2SPHERE  
RESEARCH CENTER  
PAMISTRY & ASTROLOGY ADVISER  
SANJAY K BAKSHI  
WE JUST ADVISE AS PER ANCIENT LITERATURE  
PLEASE FILL ACCURATE INFORMATION**

NAME : \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TIME OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

**IMPOORTANT QUESTION TO ASK:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**All fees and charges are non refundable. By signing this form, I agree to release Astro2Sphere from any liability with regards to the contents and/or advice.**

**I take full responsibility and ownership for any and all consequences.**

DATE : \_\_\_\_\_

NAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_