



KOCHI KSHATRIYA SAMAJAM

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Form No: KKS MAN 02

Reg. No:

Date:

MANGALYAM

NAME			
GENDER		HEIGHT	Cms
DATE OF BIRTH (DD/MM/YYYY)			
TIME OF BIRTH		STAR	
PLACE OF BIRTH		SIBLINGS	
MARITAL STATUS		COMPLEXION	
FATHER'S NAME AND FAMILY			
MOTHER'S NAME AND FAMILY			
PRESENT ADDRESS			
PHONE NO.			
EMAIL			
EDUCATIONAL QUALIFICATION			
OCCUPATION / JOB			

REQUIREMENTS;

AGE DIFFERENCE			
HEIGHT	Cms	COMPLEXION	
QUALIFICATION			
OCCUPATION/ JOB			

Other Requirements if any: