



Matrimony Registration Form

PRIMARY INFORMATION			
Full Name:			
E-mail ID:	Gender * : Male /Female	Phone:	
PERSONAL DETAILS			
Address:			
Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Status: Never Married / Divorcee / Widow / Widower		
Highest Education * :	Occupation :		
Working Place :	Monthly Income :		
Firm name :	Job Category : Private Government		
Height * :	Colour * : <input type="checkbox"/> Very Fair <input type="checkbox"/> Fair <input type="checkbox"/> Dark <input type="checkbox"/> Medium <input type="checkbox"/> Wheatish	Weight * :	
Physical status* : <input type="checkbox"/> Normal <input type="checkbox"/> Handicaped	Native District * :	Native Place * :	
Do you own a house (if yes enter the house name) :			
Do you own a vehicle (if yes enter the vehicle type) :			
Do you own a property (if yes enter the property name) :			
Do you have your own firm (if yes enter the name of the firm) :			
About me :			
Demands * :			
FAMILY DETAILS			
Father's Name * :		Occupation :	
Mother's Name * :		Occupation :	
Number of family members :	Number of brothers :	Number of brothers married :	
Number of sisters :	Number of sisters married :		
Are you living together :	Financial Status : <input type="checkbox"/> Very High <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low		
RELIGIOUS & ORGANIZATION DETAILS			
Highest Religious Education * :		Relation with Islahi Organization :	
Unit:	Panchayath / Zone:	District:	
Reference Person's Name to Contact :			
Reference Person's Contact No:			

* Mandatory fields

The information filled above is true to the best of my knowledge. I have read and agree to the all Terms and conditions of www.islahimatrimonial.com

Date:

Place:

Name:

Signature:*