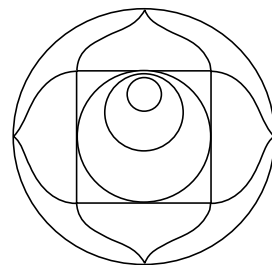


Date de la consultation:



Nom:

Date de naissance:

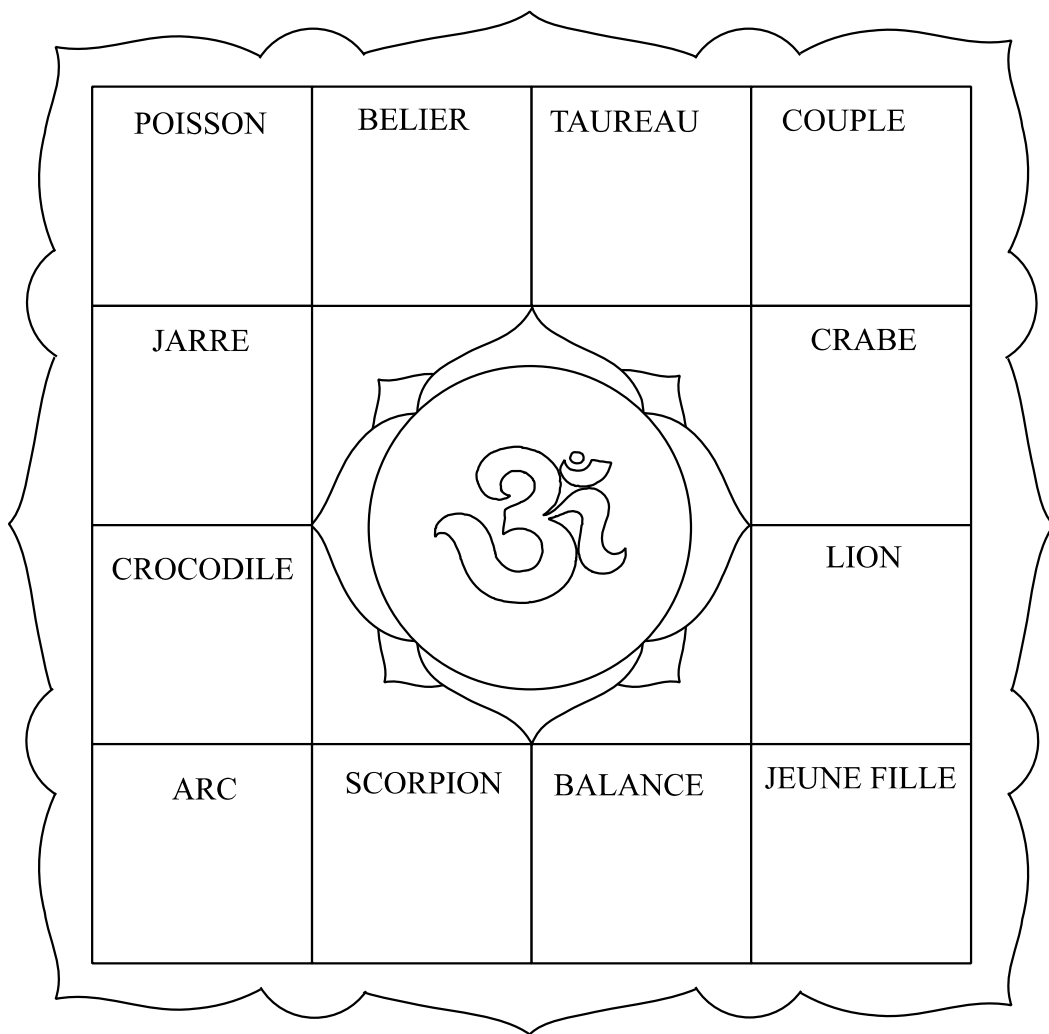
Di	Lu	Ma	Me	Je	Ve	Sa
1	2	9	5	3	6	8

Jour de semaine

Age:

du: au:

J.de.S	
Jour	
Mois	
Année	
Total	
DEVA	



1	13	25	37	49	61	73
2	14	26	38	50	62	74
3	15	27	39	51	63	75
4	16	28	40	52	64	76
5	17	29	41	53	65	77
6	18	30	42	54	66	78
7	19	31	43	55	67	79
8	20	32	44	56	68	80
9	21	33	45	57	69	81
10	22	34	46	58	70	82
11	23	35	47	59	71	83
12	24	36	48	60	72	84

Surya	Su	1	Chandra	Ca	2	Guru	Gu	3
Rahu	Ra	4	Budha	Bu	5	Shukra	Sk	6
Ketu	Ke	7	Shani	Sa	8	Kuja	Ku	9