

84th Birthday Celebrations of our Beloved Master
23rd to 26th July, 2010

SHRI RAM CHANDRA MISSION



World H.Q., Babuji Memorial Ashram
Manapakkam, Chennai 600 116

REGISTRATION FORM

Contact Person ID Card Number : _____ Name: _____

Full Postal Address of Contact Person: _____

PIN Code: _____ Phone: _____ Email Address: _____

Centre	
State	
Date	

IMPORTANT: Please read the instructions to the right before filling in the form.

Registration Details						
S. No.	ID Card Number	Full Name	Age	Gender (M/F)	Child (Y)	Voluntary Contribution (Rs.)
1.						
2.						
3.						
4.						
5.						
6.						

Voluntary Contribution Details			
Total Amount (Rs.)		Cash / Cheque / DD	Cheque / DD Number
Bank Name		Payable At	

For Office Use Only	
Receipt Book Number	Receipt Number

- INSTRUCTIONS:**
- Please use CAPITAL letters
 - Please register before May 15th 2010.
 - All abhyasis mentioned in this form must be residing at the same address. Please use different forms for abhyasis residing at different address.
 - Please write the complete address including the 6 digit PIN code. No "care of" addresses are allowed.
 - ID card (SRCM ID card or Introductory card) number is **mandatory**. If not available, kindly apply for an ID card before registering for the celebrations.
 - Enter 'Y' in the Child column next to the name for all children under 12.
 - Voluntary contributions can be paid by cash / cheque / DD. Cheque / DD should be in favour of **Shri Ram Chandra Mission** payable at par at respective SRCM accounting centre. Please ask the local prefect / CIC / ZIC to find out your accounting centre.
 - Please have a Preceptor from whom you are taking individual sittings, write their Name, ID card number and signature
 - After completing the form, please hand over both form and payment to your centre coordinator / centre in-charge.,
 - Ensure the Receipt Book Number and Receipt Number is properly entered
 - Due to health risks, aged / abhyasis requiring medical attention; abhyasis advised by their Doctor against travelling; children below 2 years of age; abhyasis / children with a history of mental illness / erratic behaviour are advised not to register.

Contact Person
Signature

I know the abhyasis mentioned in this form. They are regular in their personal sadhana, individual sittings and attendance at group satsangh.

Preceptor Name:

Preceptor ID Number:

Preceptor Signature