

SHRI RAM CHANDRA MISSION

85th Birthday Celebrations of our Beloved Master
23rd to 25th July, 2011



World H.Q., Babuji Memorial Ashram
Manapakkam, Chennai 600 125

REGISTRATION AND DONATION FORM

Contact Person: _____

Full Postal Address of Contact person: _____

PIN Code: _____

Phone: _____ Email Address: _____

Centre	
State	
Date	

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

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

Voluntary Contribution Details			
Total Amount (Rs.)		Mode of Payment	Cash / Cheque / Demand Draft
Cheque / DD Number		Bank Name	
Signature		Payable at	

For Office Use Only			
Receiving Centre		Donation Receipt Number	
Data Entry Date		Data entered By	

INSTRUCTIONS:

1. Please use CAPITAL letters
2. No Registrations will be done after May 31st.
3. All abhyasis mentioned in this form must be staying at the same address. Please use different forms for abhyasis staying at different address.
4. Please write the complete address including the 6 digit PIN code. No "care of" addresses are allowed.
5. 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.
6. Enter 'Y' in the Child column against the name for a child.
7. Voluntary Contributions can be made 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.
8. After completing the form, please hand over the form along with the voluntary contribution to your centre coordinator / centre in-charge.,