

# SHRI RAM CHANDRA MISSION



114<sup>th</sup> Birth Anniversary Celebrations of Pujya Babuji Maharaj  
29<sup>th</sup> April to 1<sup>st</sup> May 2013, Tiruppur

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

## REGISTRATION FORM

Contact Person Name: \_\_\_\_\_

Full Postal Address of Contact person: \_\_\_\_\_

PIN Code: \_\_\_\_\_

Phone : \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note:** Please read the instructions to the right before filling in this form. Contact person should be one of the names from the list below

<b>Centre</b>	
<b>State</b>	
<b>Date</b>	

### INSTRUCTIONS

1. Please use **CAPITAL** letters
2. Please write the complete address including the 6 digit PIN code. No "care of" addresses are allowed.
3. ID card number is **mandatory**. If not available, kindly apply for an ID card before registering for the celebrations.
4. Please follow health safety guidelines mentioned in circular.
5. After completing the form, please hand over the form to your centre registration coordinator / centre in-charge.
6. The acknowledgement slip should be completed by the registration coordinator and handed back to the abhyasi for collection of wrist band by abhyasi.

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

### Acknowledgement

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<b>Date</b>		<b>Contact Person Name</b>	
<b>Centre</b>		<b>Number of Abhyasis</b>	
<b>State</b>		<b>Number of Children</b>	
Signature of Registration Coordinator: _____			