



# Travel Request Form

(For approval of visit to BMA Manapakkam & to travel with Master)

## Section-I (1-10)

Dates in (DD-MM-YY)

|   | Full Name(s)<br>(use all capital letters if filling by hand) | Prefect<br>(check if yes) | Mission ID<br>Card Number | M/F | Age | Duration of Stay<br>in ashram |
|---|--|---------------------------|---------------------------|-----|-----|-------------------------------|
| 1 |  |                           |                           |     |     | Date:<br>to                   |
| 2 |  |                           |                           |     |     | Date:<br>to                   |
| 3 |  |                           |                           |     |     | Date:<br>to                   |
| 4 |  |                           |                           |     |     | Date:<br>to                   |

2. Details of **ABHYASI** making request: (If the abhyasi making the request, is also one of the persons travelling, the name should appear in the above list as well.)

|  |          |        |
|--|----------|--------|
| Name:  | Email:   | Phone: |
| Centre:  | Country: |        |
| 3. <b>PREFECT</b> recommending the request                                 |          |        |
| Name:  | Email:   | Phone: |
| 4. <b>REGIONAL COORDINATOR/COUNTRY IN-CHARGE</b> recommending the request: |          |        |
| Name:  | Email:   | Phone: |

### 5. **PURPOSE** of trip

|  |  |
|--|--|
| Purpose of visit:  |  |
| If other, then please explain:   |  |
| If permission is being sought beyond prescribed period, state reasons: |  |

6. **SATKHOL or RETREAT CENTER** (This information will help us to provide better guidance & support for your travel). Check all that apply.

|   |               |                      |
|---|---------------|----------------------|
| I/We have obtained permission to  | visit Satkhol | visit Retreat Centre |
| Please give details. Include batch number (for Satkhol) or name (for Retreat Center) & dates. |               |                      |

7. **OTHER DETAILS.** Check all that apply or fill details if applicable.

|   |   |                          |  |
|---|---|--------------------------|--|
| I/We have:  | Mission ID card(s)                            | valid passport & visa    | confirmed return ticket                      |
| I/We will be:   | Arriving for the first time<br>Flight/train # | Will need pickup<br>Date | Will need entry facilitation<br>Time (AM/PM) |
| I/We will be using following ashram as a transit point: |   | Date:<br>Time:           | To   |



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|   |   |
|---|---|
| <b>8. ACCOMODATION.</b> Check all that apply. |   |
| I/We  | want to stay in the ashram      make my/our own arrangements to stay outside Ashram |
| I/We  | will be willing to stay in the general dorm (if ashram is chosen above)             |
| I/We  | will need special accommodation for reason:   |
| Please explain, if selected 'other'           |   |

|  |   |
|--|---|
| <b>9. VOLUNTEER</b> work                 |   |
| I/We                                     | am/are willing to volunteer work while at the ashram. |
| Preferred department for volunteer work: |   |

## Section-II

### CHECKLIST

I/We confirm and represent that the above information is accurate and complete. I/We can support ourselves financially through the trip.

I/We do not have any mental illness, or are not under any psychotropic treatment.

I/We understand that while SRCM and SMSF (collectively the “**Mission**”) may provide me/us with facilities for training in the Sahaj Marg system of meditation, I/we shall be responsible for the safety, security and well being of myself/ourselves and members of my/our family accompanying in good health for the duration of my/our stay in India and the Mission has no responsibility or obligation in this regard.

I/We have taken adequate personal and medical insurance cover to protect myself/ourselves and my/our family members during my/our visit against accidents and illnesses.

I/We agree to comply with the prevailing guidelines of the Mission during my/our stay in India. Further, I/We undertake to comply fully with applicable laws, rules and regulations prescribed by the Government of the Republic of India with regard to my/our travel and stay as a foreigner in India. I/we shall indemnify the Mission for any loss or damage caused to the Mission due to my/our violation of this undertaking.

|   |  |                                   |  |  |
|---|--|-----------------------------------|--|--|
| Signature of all adult abhyasis covered by the request: |  |                                   |  |  |
| Signature of recommending prefect:                      |  | Signature of recommending RC/CIC: |  |  |

**(RIC/RC signatures are not needed if the scanned forms are forwarded by them to travel request at [travelrequest@srcm.org](mailto:travelrequest@srcm.org))**

|   |
|---|
| <b>DOCUMENTS TO BE CARRIED BY THE ABHYASI/ABHYASIS</b>  |
| <p><b>a.</b> Mission ID Card    <b>b.</b> Hard (printed) copy of the travel form submitted with all the signatures as above</p> <p><b>c.</b> Hard (printed) copies of visa/passport pages for registration</p> <p><b>d.</b> Mail print outs towards approval of visit/permission granted to travel with Rev. Master/ Visit Sathkol or Retreat Centres</p> |



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## Section-III (Manapakkam Ashram Check-In)

Please complete this section & attach it to the rest of the form before checking in at BMA Manapakkam registration counter. This section is not required for getting approval to visit India. **All applicants on the form need to complete this section in full.**

|                        | 1. | 2. | 3. | 4. |
|------------------------|----|----|----|----|
| <b>Name</b>            |    |    |    |    |
| <b>Passport</b>        |    |    |    |    |
| Passport number        |    |    |    |    |
| Valid until (DD-MM-YY) |    |    |    |    |

|                        |  |  |  |  |
|------------------------|--|--|--|--|
| <b>Visa</b>            |  |  |  |  |
| Visa number            |  |  |  |  |
| Visa type              |  |  |  |  |
| Valid until (DD-MM-YY) |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Tickets for international flight to India</b> |  |  |  |  |
| Arrival to India (DD-MM-YY)                      |  |  |  |  |
| Return from India (DD-MM-YY)                     |  |  |  |  |

|                                   |    |    |    |    |
|-----------------------------------|----|----|----|----|
| <b>Duration to stay in Ashram</b> | To | To | To | To |
|-----------------------------------|----|----|----|----|

|                           |  |  |  |  |
|---------------------------|--|--|--|--|
| <b>Emergency</b>          |  |  |  |  |
| Whom to contact           |  |  |  |  |
| Relationship              |  |  |  |  |
| Email                     |  |  |  |  |
| Phone (inc. country code) |  |  |  |  |

|                      |  |  |  |  |
|----------------------|--|--|--|--|
| <b>Other details</b> |  |  |  |  |
|----------------------|--|--|--|--|