



Travel Request Form

(For approval of visit of abhyasis to **SHAHJAHANPUR** Ashram)

Shri Ram Chandra Mission
Yogashram
Hardoi Road
Rosa Post, **Shahjahanpur** 242406
Email: shahjahanpur@srcm.org
Tel: +91-9452553939

Abhyasi details			Accompanying abhyasis			
Name: (As appears in ID Card)			Full Name (s)	ID #	M/F	Age
ID#:	Age: (Yrs)	Sex:				
Centre:						
Email:						
Tel/Mobile No: (With Country Code)						

I/We
Stay in Shahjahanpur Ashram
Visit Shahjahanpur Ashram and stay outside the Ashram

Arrival/Departure Information	
Arrival Date: (DD-MM-YYYY)	Time: (HH:MM AM/PM)
Departure Date: (DD-MM-YYYY)	Time: (HH:MM AM/PM)

I/We wish to devote the time spent in the ashram to further my/our spiritual sadhana.

ABHYASIS MUST WEAR THEIR ID CARDS AT ALL TIMES WITHIN THE ASHRAM PREMISES. PLEASE BRING A COPY OF THIS PERMISSION, OR EMAIL PERMISSION. ALSO BRING A COPY OF YOUR PASSPORT AND VISA PAGE TO BE SUBMITTED TO THE ASHRAM OFFICE UPON ARRIVAL.

Signature:

Date:

PREFECT recommending the request	
I confirm that the abhyasi(s) are regular in taking individual sittings and to the best of my knowledge are in sound mental health.	
Signature:	Email:
Name (As appears in ID Card):	Phone (With Country Code):

For office use only
All applicants are permitted as requested
Regret that you do not have permission to visit Shahjahanpur Ashram
Authorized by: