Babuji Memorial Ashram Manapakkam, **Chennai** 600125 **Email**: manapakkam@srcm.org

	5		Accompanying	abhyasis	3		
Name:			Full Name (s)		ID#	M/F	Age
(As appears in ID Card)							
ID#:	Age: (Yrs)	Sex:					
Centre:							
Email:							
Tel/Mobile No: (With Country Code)							
I/We				Arrival/	Departure Inf	formation	
Request special accomodation				Arrival D		Time:	/DM)
Willing to stay in dormitory				Departur	e Date:	(HH:MM AM Time: (HH:MM AM	
Visit Manapakkan	n ashram	and stay or	utside the ashram		•		,
ADDITIONAL LIST SIG  Signature:	NED BY T	HE CIC/PRE  Date:	FECT-IN-CHARGE COUL	D BE ATTACH	ED TO THE FOR	RM FOR GROUPS	<b>.</b>
PREFECT recommer	nding the	request					
I confirm that the ab	hyasi(s)		in taking individual s	ttings and to	the best of my	/ knowledge ar	re in
PREFECT recommer I confirm that the ab sound mental health Signature:	hyasi(s)		in taking individual s	ttings and to	the best of my	y knowledge ar	re in
I confirm that the ab sound mental health	ohyasi(s) a		in taking individual s		the best of my	y knowledge ar	re in
I confirm that the ab sound mental health Signature:	ohyasi(s) a		in taking individual s	Email:	the best of my	/ knowledge ar	e in
I confirm that the ab sound mental health Signature: Name (As appears in ID C	ohyasi(s) a		in taking individual s	Email:	the best of my	y knowledge ar	re in
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I confirm that the ab sound mental health Signature:  Name (As appears in ID Control of the cont	phyasi(s) and the second secon	are regular		Email: Phone:	the best of my	y knowledge ar	re in