



# 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:** +91-9303382002

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

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

<b>Arrival/Departure Information</b>	
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:**

<b>PREFECT</b> 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):

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