

SHRI RAM CHANDRA MISSION



81st Birth Anniversary Celebrations of our Beloved Master
23rd to 25th July, 2008

World H.Q. Babuji Memorial Ashram,
Manapakkam, Chennai 600 116

REGISTRATION AND DONATION CONSOLIDATION FORM (To be used by Centre Coordinators Only)

Centre coordinator Name: _____ Centre: _____

Address: (for correspondence) _____

Land line (with STD code): _____

Mobile: _____ Email: _____

Total number of Registration forms enclosed	Total DD amount	Total Cheque amount	Grand Total Amount
Donation Payment Details			
S. No.	DD / Cheque Number	Bank Name	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Date & Signature of Centre Coordinator _____

For Office Use Only – (Forms and Donation received) Checked By _____

INSTRUCTIONS

1. Please use CAPITAL letters.
2. Please write the complete address of the centre coordinator.
3. This consolidation form should be sent to the registration nodal centre coordinator along with all the registration forms and DD(s). The name and contact address of the nodal coordinator is available in the celebrations circular.
4. Please use additional forms if required.
5. A Cheque / Demand Draft should be in favour of **Shri Ram Chandra Mission** payable at par at any Bank at Lucknow.