

THE REGISTRATION OF FOREIGNER'S RULES, 1939
FORM C - ASHRAM ARRIVAL REPORT (RULE 14)
(All fields are mandatory)



Name of the Ashram: **SWAMI SHUKDEVANAND TRUST**
Parmarth Niketan, Swargashram, Rishikesh- 249304

Surname:

Given name:

Sex: Date of Birth (DD/MM/YYYY): / / Nationality:

Special category (Please Tick): Crew, Diplomat Exempted, Emergency Transit, Loss of Passport, Newly Born, OCI, Official Exempted, Other Exempted, others, PIO, Refugee, TLP.

Permanent Address outside of India, as per Passport: Residence / Office:

City: State/Province: Zip/Postal Code: Country:

Address/Reference in India:

City/District: State: Pincode:

Passport Details (In case of Nepali and Bhutani provide Identification Card Details. In case of Tibetan Refugee provide SEP/Registration Details. In Case of loss of Passport provide Emergency certificate / travel Document Details.) :

Passport No: Date of Issue: / / Valid until: / /

Place of Issue: City: Country:

Visa Details (In case of PIO/OCI/CREW/TLP. Please Provide PIO/OCI/CREW/TLP Details)

Visa No: Date of Issue: / / Date of Expiry: / / Type of Visa:

Place of Issue: City: Country:

Arrived from country (Last airport before India): City: Country:

Date of Arrival in India: Date of Arrival in Parmarth Niketan:

Arrival Time: Intended duration of stay in Ashram:

Other Details: Whether employed in India:

Purpose of Visit (Please Tick): Accompanying parents Accompanying patient Accompanying parents as Doctor Accompanying Spouse
Business Diplomatic Education Employment Internship Joining Spouse Journalism Medical treatment of Self Meeting Friends/Relatives Minor Child
(either parent is missing.) Official Others Seminar/Conference in India Studies Surrogacy Tourism

Next Destination after departure from Parmarth: Place

City: Home State/Province: Country:

Contact Phone No/ Mobile No (In India): (i) (ii)

Contact No/Mobile No. with Country Code (Permanently residing country):

Email Address: Website:

Occupation:

In case of Emergency, please contact the following person:

Name: Email:

Mobile No.: Relationship:

Name of Person accompanied by:

1. 2. 3. 4.

I state that the above information is true and complete to the best of my knowledge and agree to abide by all rules and regulations of Parmarth Niketan during my stay.

Visitor's Signature