**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:**

**City:** **State/Province:** **Zip/Postal Code:** **Country:** **[ ] Residence / [ ] Office**

***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.**

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 **Visitor’s Signature**