**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.**

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**Visitor’s Signature**