



SHRI RAM CHANDRA MISSION
WORLD HEADQUARTERS, MANAPAKKAM, CHENNAI, INDIA 600125
(Registered Headquarters, Shahjahanpur, UP 242001)

ABHYASI INFORMATION FORM (AIF)

Centre Name

State

IMPORTANT: This form has two pages. An Abhyasi **newly introduced** to the Sahaj Marg practice should fill in **only page 1**. Abhyasis **already practicing** Sahaj Marg should use **page 2** to update information and to request ID card.

PAGE 1

NEW ABHYASI INTRODUCTION

- ★ On completion of introductory sittings, submit the filled in form along with the below attachments to the ID card coordinator or to the prefect at the local centre of the Mission in the city of your current residence.
- ★ Attach a copy of your **photo identity card issued by the Government** for identity proof.
- ★ Paste your latest colour photograph on the form. Attach an **additional photograph** for the Mission photo ID card.
- ★ Use only **English CAPITAL** letters to fill in the form.
- ★ **Full name:** Your complete name with initials expanded. Use only professional prefix (e.g. Dr, Prof, Lt-Cdr etc.).
- ★ **Name to be printed:** Your commonly used name. This name will appear on the Mission photo ID card.
- ★ **First sitting given by:** Name and centre of the prefect who gave you the first sitting to start the Sahaj Marg practice.
- ★ **Occupation:** Your occupation e.g., Teacher, Lawyer, Doctor. Don't use generic terms like "Self Employed", etc.
- ★ **Learned about SRCM through:** Name, relation and phone number of the person through whom you came to know about Sahaj Marg. For example: "Suneeta Dixit - Friend - Ph: ", "Nikhil Chopra - Uncle - Ph: ", SRCM Open House, etc.

Personal Details

Full Name:
(Prefix/ Title) (First/ Given) (Middle or Initials) (Last / Family)

Name to be printed on photo ID card:

Gender: (Male/Female) Date of Birth:/...../..... (dd/mm/yyyy)

Languages Known:

Occupation:

Father's Name:

Introduction Details

First Sitting given by:

First Sitting Date:/...../..... (dd/mm/yyyy)

Learned about SRCM through:

Please affix colour photograph in passport size (3.5 cm x 4.5 cm).

Provide another colour photograph along with the form

Contact Details

Postal Address:

City/Town/Village: District:

State: Pin Code:

Phone/Mobile Number: E-Mail:

Date:

Name & Centre of Introducing Prefect:

Signature of Abhyasi:

Prefect ID Number:

Prefect Signature and Date:

(FOR OFFICE USE ONLY)

Photo ID proof type:

Introductory Card issued by:

ID proof issued by:

Card number:

ID proof number:

Card issue date:

Residential area:

Side A data entry by:

Administrative zone:

Data entry date:

IMPORTANT: Compulsorily fill in the "Abhyasi Details" section below; then complete other relevant sections and sign at the bottom of the form. Submit the form to ID coordinator at the local center of the Mission in the city of your current residence.

ABHYASI DETAILS (MANDATORY TO FILL)

- ★ **Attending Sunday/Wednesday satsangh at:** Name of the centre and ashram or name of prefect and locality where you go for satsangh.
- ★ **Taking individual sittings from:** Name of the prefect from whom you take the individual sittings most often. In case, you are taking individual sittings only at an ashram, mention the name of the ashram.

SRCM ID Number or ID Card Number:

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Centre:

Abhyasi Name (as on the ID card issued by the Mission):

Father's Name: Abhyasi's Occupation:

Attending Sunday Satsangh at:

Attending Wednesday (mid-week) Satsangh at:

Taking Individual Sittings from:

Abhyasi's Latest Postal Address:

..... City/Town/Village:

District: State: Pin Code:

Phone/Mobile Number: E-Mail:

ID CARD REQUEST (FOR SRCM ID CARD OR REPLACEMENT CARD)

- ★ Use this section to **apply for SRCM ID card** or to request for replacement of SRCM ID card or Introductory Card.
- ★ You may apply for SRCM ID card only after six months of regular practice.
- ★ Attach your **current address proof** along with the form to apply for SRCM ID Card.

ID Card last issued to you: (Introductory/ SRCM (card with BMA picture)/ None)

Name to be printed on the new ID Card:

If replacement card, give reason:

If your spouse/parent is abhyasi, his/her ID number and relation:

Are you a prefect: (Yes/No)

Name & Centre of recommending Prefect:

Date:

ID Number of Prefect:

Signature of Prefect:

*Please affix colour
photograph in white
background
Passport size
(3.5 cm x 4.5 cm)*

CHANGE/VERIFICATION OF INFORMATION

- ★ Fill in your **new address** in the "Abhyasi Details" section on this page. For additional details, use the "Introduction" section on page 1.

Request for: (Centre Change, Address Change, Name Change, Information Verification)

Previous Name/Centre: New Name/Centre:

Comments:

VOLUNTEER SKILLS & INTEREST

- ★ Optionally fill in this section to express your interest in volunteering for the Mission work.

Skill/Interest Areas:

Education:

I confirm that the details given by me in this form are current and true.

Signature of Abhyasi:

Date:

(FOR OFFICE USE ONLY)

Replacement introductory card issued by: Address proof Type:

Card number: Side B data entry by:

Card issue date: Data entry date: