

Commemoration of the  
**125<sup>th</sup> Anniversary of Swami Vivekananda's Chicago Addresses.**



**ALL INDIA ALUMNI MEET**  
**REGISTRATION FORM**  
**(FOR NON-RESIDENTIAL DELEGATES)**



Date : 28-29 December, 2019

Venue : Belur Math

**CENTRE REGISTERED THROUGH :** .....

1. Name : .....

2. Full Postal Address : .....

City : ....., State : ....., Pin : .....

3. Phone No. : ..... 4. Age : .....

5. E-mail : .....

6. Qualification : .....

7. Occupation : .....

8. Studied in Ramakrishna Mission (Tick where applicable) :

- School    RKMVERI    Students Home    Nursing School / College  
 College    Polytechnic / ITI    Orphanage    Medical Science Institute

9. Please give details :

Name of the Institution	Period of stay	Batch (Yr)
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10. Have you received Mantra Diksha from our Sangha Guru?    Yes    No

If yes, by whom? ..... Year .....

11. Specify Centre(s) / Monk(s) / Institution(s) you are currently associated with (if any) :

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12. Diabetes :  Yes    No

13. Number of immediate family members (as 'Guests') who will accompany you (if any – Max 2 persons) ..... (Accommodation for them can not be provided by Belur Math)

I hereby agree to abide by the rules and regulations of the organising committee.

Date :

Full Signature