

DEVOTEE - REGISTRATION FORM

(To Be Filled in CAPITAL LETTERS)

Date: _____

FULL NAME : _____

ADDRESS : _____

CITY & STATE : _____

AGE : _____

MOBILE NUMBER : _____

E-MAIL : _____

PHOTO

Tick the option whichever is applicable & specify the details :-

PROFESSION ☐ BUSINESS ☐ SERVICE ☐ HOUSEWIFE ☐ OTHERS ☐

Details : _____

VISITING CARD to be attached (**OPTIONAL**)

For How Many Years / Months you have been associated with **NIRMAL DARBAR**? : _____

Please attach copy of your ID proof with this Registration Form!

Getting Registration, Attending any Event /Samagam, Watching the Programmes of Darbar on Television Channels, Following the Teachings of Darbar, Sending Daswand or Any type of Contribution to the Darbar is voluntary, unconditional, with your own free will and without any undue influence or coercion. The same would not incur any legal liability on the Darbar.

(Signature)

➤ Please Complete this Form and send by Courier to :

NIRMAL DARBAR

211, Chiranjiv Tower – 43, Nehru Place,

New Delhi – 110019

Ph: 011-40766400