

SHRI MATA VAISHNO DEVI SHRINE BOARD
KATRA



Poojan Reservation Form

A)

1. Name _____ 2. Parentage/ W/o Sh. _____
3. Gotra _____ 4. Address _____
5. City _____ 6. State _____ 7. Country _____
8. Pin code: _____ 9. Telephone No: _____ 10. Email ID: _____
11. Poojan date _____ 12 Category _____
13 Occasions (e.g. Birthday, Marriage Anniversary etc.) _____

B) Details of other devotees whose names are to be chanted during the course of Pooja.

S.NO.	NAME	PARENTAGE	GOTRA	ADDRESS
1				
2				
3				
4				

Total nos. of Male(s) _____ Female(s) _____ Children _____.

INSTRUCTIONS: -

- Under **Category "A"** poojan of amount Rs.1100/- will be performed in the name of the person(s) for whom Pooja has been registered where the devotee(s) is/are not allowed to attend the Pooja personally. A person can give a max. of four names of family members/ friends which will be chanted along with his name by the pujaris during the course of Poojan.
- Under **Category "B"** poojan of amount Rs.5100/- will be performed in the name of the person(s) for whom Pooja has been registered where the devotee(s) can himself attend the Pooja along with upto four his family Members/Friends.
- The confirmation of the Advance/Current booking shall be made as per the availability by the Enquiry & Reservation Section Shakti Bhawan Niharika, Katra.
- The Prashad shall be sent by the Courier at the given address.

Signature of Devotee

For Office use only

Receipt No. _____ Date _____ Amount _____

Signature