



PERFORMA FOR THE PARTICULARS OF MEMBERSHIP

1. Name: Mr./Mrs./Ms./M/s

(First Name)

(Second Name)

(Last Name)

2. Status: Individual /HUF/Firm/Company/Association

3. Sex:

Male:

Female:

Photograph
Of The
Candidate with
Signature

4. Date of Birth/Date of registration:(DD/MM/YY)

5. Father's Name: Mr. :

6. Postal Address: House No: Street/Area

District StatePincode

.....Country Blood Group

Aadhar Number: Mobile

7. Email:

8. Current Address: House No:Street/Area

District StatePincode

.....Country Telephone

Mobile

9. Employee Status:

Govt.Employee

Private Sector Employee

Self Employed

Working in any N.G.O.

10. Signature of Applicant



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