

MEMBERSHIP FORM

Date _____ Application No. _____ Membership No. _____ Attach Your Adhar _____

Attach
Passport
Photo

Name _____ Date of Birth _____ Height _____ Color _____

Father/Husband Name _____ Father/Husband Mobile No. _____

Caste (SC/ST/OBC/GENERAL) _____ Sub. Caste _____ Religion _____ Nationality _____

Education _____ Experience _____ Hobby _____

GENDER--- MALE----- FEMALE----- What you want to give service to foundation-----

Your income source--

Business /Monthly Income Job -Private/Govt./Monthly salary Self Employed/Monthly Income Retire/Pension

Post Department Appointment date

You have computer/Laptop -----Have You two wheeler/four wheeler/three wheeler/cycle/ Rickshaw

You Know Drive-- two wheeler/four wheeler/three wheeler/cycle/Rickshaw

Your marital status --Married-----Unmarried-----Divorce-----Other-----

How many children-----Son--Daughter Married Son Married Daughter

Employed Son ----- Employed Daughter-----

How Many Brothers -Sister Married Brother Married Sister

Employed Brothers ----- Employed Sisters-----

Who suggest you to join us ----His/Her Name and Mobile/whatsApp .N o.

Please Give Nearby shop owner Name/Mobile No.-----

Please give nearby Temple/Buddha Vihar Name and Mobile No.-----

Please give nearby Hotel/Guest House Name and Mobile Nol.-----

Purpose for join us-----

Please give any person Name and his Mob ile No. whose you know-

Your Birth Place with Address-----

Your Postal Address -----

Country-----State-----Home District-----

Mobile/whats app no-----Email-----

Detail of Donate /Help money --Rs-----Date-----UPI Ref.No.-----

घोषणा-----

Submit