



(APPLICATION FORM FOR MEMBERSHIP)

*Fill the form, scan it and send to hitendrakt@gmail.com *

Date.....

Type of Membership:.....Registration No:.....

Name

Father's/Husband's Name:.....

Date of birth Sex: Male Female
 DD MM YYYY

Address:

State:.....Country:.....Pin:

Phone No:..... Mobile:.....

E-Mail:.....

Occupation: (put \checkmark sign)

Business Service Agriculture Student (up-to class XII) Others

Declaration:

I.....hereby declare that the above statement is true and I shall be following the Organizations rules and in any case if I violate my membership shall be cancelled.

Date :

Place :

Signature

(For Office use only)

	Date & Receipt No.	Amount	Valid up to	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Secretary

Treasurer

Core Member