PAN : AAAAD7421K

Reg No. U.P. Govt.Society
383/92-93 Dt22-05-92

Ph/Fax :05 222239963
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Doctor & Doctor Khadi Gramodyog Sansthan

(Reg. U. P. Govt. Society)

33/5, Mall Avenue, Lucknow (U.P.) - India
Mobile: 09415363371,09889197827

MEMBERSHIP FORM

Passport Size Photo

Form Charges:-100 Rs

State Bank Of India A/c No. 33089870182 IFSC SBIN0000125

Foundation Life Member ☐ Ordinary Member ☐

FIRST NAME: ..... MIDDLE NAME..... SURNAME.....

FATHER/ HUSBAND NAME.....

DATE OF BIRTH ☐☐ - ☐☐ - ☐☐☐☐

AGE: .....

PERMANENT ADDRESS: .....

.....

CITY..... STATE.....PIN CODE.....

COMMUNICATION ADDRESS:.....

.....

CITY..... STATE.....PIN CODE.....

TELEPHONE.....MOBILE.....

EMAIL ADDRESS.....

PLACE OF BIRTH.....MARITAL STATUS: .....

EDUCATIONAL QUALIFICATION: .....

PROFEESIONAL QUALIFICATION: .....

Dear Sir,

I the undersigned, request you to kindly grant me membership and enrolled my name in organization. I assure you that I will abide by the rules & regulations and follow the instruction of the organization.

Yours faithfully

....

Signature of Applicant Date

(Your membership subject will approve by the Board Of Management)

For Office Use Only

Application Accepted/Rejected on.....

Membeship No..... Membership Date.....

....

Signature of President Signature Of Secretary