



## Membership Form

(Please use BLOCK LETTERS to fill up the form.)

I would like to request **SRIJAN SUJAN** to consider this application for my enrolment as a member.

Please attach a recent photograph

### Member's Details

Name								
Date of Birth		Gender :	Male		Female		Others	
Nationality								
Address for correspondence								
		Pin						
Contact	Landline							
	Mobile							
	Email							
Educational Qualification								
Profession								
Place of work								

### DECLARATION

I \_\_\_\_\_ hereby declare that all the informations furnished here are all correct to my knowledge. I hereby agree to abide by the rules and regulations of **SRIJAN SUJAN**.

Place :

Date:

Allowed

Recommended by

Authorised Signatory

Name and Designation

Signature of the applicant

Note : Please submit copies of at least one of the following documents.

1. Voter ID.
2. Passport.
3. Aadhaar Card