



ALL INDIA DERAWAL SAHAYAK SABHA (Regd.)

F/27-28, KIRTI NAGAR, New Delhi-15, Mobile : 9250810522

E-mail : info@derawalsahayaksabha.com, delhi@derawalsahayaksabha.com

Web : www.derawalsahayaksabha.com

APPLICATION FORM

Reg. No.

FOR LIFE MEMBERSHIP



Dear Sir,

Please enroll me as a member of the Sabha. My particulars are appended below: -

- (I) Name in Full (Capital Letters)
- (ii) Father's Name.....
- (iii) Date of Birth..... Age..... Aadhar No.....
- (iv) Occupation: Service / Business.....
- (v) Residential Address : Pin Code.....
Mob. No.....Tel.No.....Email ID.....
- (vi) Office Name & Address :.....
Mob. No.....Tel.No.....Email ID.....
- (vii) Is / Were your Father / any of the Family members / Relative, already a Member / Life member of the Sabha, if yes / No. Please give his / her name and membership No.....
Relation..... Shri / Smt.

I confirm that I will abide by the rules and regulations of the Sabha.

Yours Faithfully.

Signature of the Applicant

RECOMMENDED BY - MEMBER GENERAL BODY

Signature

Signature

Name in Capital

Name in Capital

Membership No.

Membership No.

Kindly send the payment of Rs.2100/- by Cheque in favor of "ALL INDIA DERAWAL SAHAYAK SABHA (Regd.)
F/27-28, Kirti Nagar, New Delhi-110015 or Deposit On-Line in.

UNION BANK OF INDIA, A/C No. 520401000076469, IFSC Code UBIN0905739