



MEMBER APPLICATION FORM

The President/Secretary,
Sanskriti Welfare Society
413, Arunachal Building, 19 Barakhamba Road,
Connaught Place, New Delhi-110001

Please affix passport
size photograph of
applicant

Sir / Madam,

I/we submit herewith my/our application for membership in Sanskriti Welfare Society and request to enrol me/us as a member of your society. I/we acknowledge that I/we have read the rules and regulations/byelaws of the society and I/we agree to abide by them. My/our particulars are mentioned below:

1. Name : _____
2. Father's / Husband's Name : _____
3. Date of Birth : _____
4. Profession : _____
5. Income Tax PAN : _____
6. Mailing Address : _____
: _____
7. Permanent Address : _____
: _____
8. E-mail ID: _____ Mobile: _____ Tel.No: _____
9. Name of Nominee : _____
10. Nominee's age, Relationship & Address _____



Sanskriti Welfare Society

Registration number - S/ND/331/2013

1. Share Money Rs.1000/-
2. Application Fees (One Time Non - Refundable) Rs.10,000/-

I/We remit herewith a sum of Rs. _____ (Rupees _____ only) by
Cheque / Bank Draft / Pay Order no _____ dated _____ Drawn on
_____ Bank as membership amount in favour of SANSKRUTI
WELFARE SOCIETY.

Check List of Documents To be attached with the Application Form		
S.No.	Type of Documents	Check Box
1.	Payment	<input type="checkbox"/>
2.	Passport Size Photograph (2)	<input type="checkbox"/>
3.	I. D. Proof (Self Attested) and Address Proof (Self Attested)	<input type="checkbox"/>
4.	Copy of PAN Card Self Attested	<input type="checkbox"/>

Date: _____

Yours faithfully

Place: _____

Signature (1) _____

(2) _____

For Office Use Only

Membership approved in the Management Committee's Meeting dated _____

Vide Resolution No. _____ and recorded in the Membership Register on page no. _____

President / Vice President

Secretary

The Membership is referred by _____ Tel./Mob. No. _____