



NISHSHABD ANGE EKAR WELFARE ASSOCIATION

SOURO, FLAT-3, 1ST FLOOR, 43(P-33), JYOTISH ROY ROAD, KOLKATA-700 053,
WEST BENGAL

E-mail : nishshabdangeekar.kol@gmail.com, Regd. No. : S/IL/61754

E-mail : info@nishshabdangeekar.org, Website : www.nishshabdangeekar.org

Please Paste
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Passport
Sized
Photograph

Application form for Membership

1. NAME OF THE APPLICANT IN BLOCK LETTER (ONE ALPHABET IN EACH CELL)

First Name																				
Middle Name																				
Last Name																				

2. AGE _____ 3. DATE OF BIRTH _____ 4. SEX _____

5. OCCUPATION _____ 6. BLOOD GROUP _____

7. PERMANENT ADDRESS _____

8. PRESENT ADDRESS _____

9. E-MAIL ADDRESS _____

10. CONTACT NO (R) _____ (M) _____

11. FATHERS NAME _____

12. MOTHERS NAME _____

13. MARITAL STATUS _____ NAME OF SPOUSE _____

14. MARRIAGE ANNIVERSARY _____

PLEASE SUBMIT **ONE RECENT PASSPORT SIZED PHOTOGRAPH** FOR OFFICIAL USE WITH THIS MEMBERSHIP APPLICATION FORM (OTHER THAN ONE PHOTOGRAPH ALREADY PASTED IN THE PRESCRIBED AREA)

15. DO YOU HAVE ANY OTHER MEMBERSHIP/ASSOCIATION WITH ANY OTHER WELFARE ORGANISATION?
YES/NO _____ IF YES PLEASE GIVE DETAILS _____

16. PLEASE GIVE YOUR KIND SUGGESTION, IF ANY, FOR THE IMPROVEMENT OF THIS SOCIAL WELFARE ORGANISATION. _____

PLEASE NOTE: 1 ALL DETAILS ARE PROPERLY FILLED IN BEFORE SUBMISSION. 2. THE ASSOCIATION SHOULD BE IMMEDIATELY INTIMATED OF CHANGE OF PERMANENT/PRESENT ADDRESS, PHONE NO., EMAIL ADDRESS, ETC. I SOLEMNLY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE **NISHSHABD ANGEELKAR WELFARE ASSOCIATION.**

DATE _____

PLACE: _____

(FULL SIGNATURE OF THE APPLICANT)

PAYMENT SCHEDULE: Rupees.....
For Annual Life membership fees.....by cash/cheque/DD
(cheque/DD No.....dt.....bank.....Branch.....)

MEMBERSHIP REGISTRATION FEES : Rs.50 (fifty only) single time payment * ANNUAL SEBSCRIPTION : Rs. 60 (sixty only, i.e. Rs. 5 per month), **DONATION : as much as a member can donate voluntarily. ***LIFE MEMBERSHIP: Rs. 1000(one thousand only) single time payment. A/c. payee cheque/DD must be in favour of "NISHSHABD ANGEELKAR WELFARE ASSOCIATION, payable at Kolkata.

For Office use only

MEMBERSHIP EVALUATION COMMITTEE evaluated and scrutinized this application form and strongly recommends that the applicant _____
Is eligible to get his/her ANNUAL/LIFE membership of **NISHSHABD ANGEELKAR WELFARE ASSOCIATION.**

1. _____ 2. _____ 3. _____
(Signatories of the membership evaluation committee)

MEMBERSHIP NO. _____ (PREPARED BY _____)

DATE _____

OFFICIAL STAMP _____

SIGNATURTE OF THE
PRESIDENT

SIGNATURE OF THE
GENERAL SECRETARY

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