

HARYANA STATE COUNCIL FOR CHILD WELFARE

DISTRICT BRANCH, BAL BHAWAN MODEL TOWN REWARI



FOR OFFICE USE ONLY

DATE OF ENROLMENT :
RECEIPT NO. :
DATED :

Applicant
Photo

Please enroll me as a life Member of the Council, Rs. 2000/- (Two Thousand Rupees Only) is being deposited as membership fee. My particulars are as below :-

1. Name : _____
2. Date of Birth : _____
3. Education Qualification : _____
4. Profession : _____
5. Area / Field of Interest : _____
6. Permanent Address : _____
- Email : _____
- M.No. : _____
7. Detail of membership of Other Organizations, if any : _____
8. Detail of Membership Fee : Cash/Cheque/DD No _____
Amount _____

I am willing to work as a voluntary member in any of the committee of the council.

Yes

No

I enclose herewith following documents:-

1. Two passport size photographs
2. Proof of date of birth (viz. copy of passport/Voter Card/Driving License/Education Certificate etc.....)

Dated: _____

Signature: _____