

KALAYANAM KAROTI, MEERUT (REGD.)

CANTONMENT GENERAL HOSPITAL, BEGUM BRIDGE, MEERUT CANTT - 250001

LIFE MEMBERSHIP FORM

To,

THE PRESIDENT,
KALAYANAM KAROTI, MEERUT

Sir,

I _____ on becoming life member of KALAYANAM KAROTI MEERUT,
I will abide by the rules of the society, and dedicate myself towards the fulfillment of its objectives. My
particulars given hereunder are true to the best of my knowledge and belief:

Father's / Husband Name: Shri.....
Date of Birth.....

Educational Qualifications:.....

Date of Marriage:
Residential Address:.....

..... Phone:

Profession:

Business / Professional Organisation:
..... Phone:.....

Association with other social organisation (Past / present).....

Post Held / Ordinary Member

Organisation:

1.
- 2.....
- 3.....

Any other Information:.....

Hobbies:

Dated:.....

Signature of applicant

Name of the proposer associated with Kalayanam Karoti Meerut.....

Signature of the proposer

Accepted / Rejected

President

General Secretary/Secretary