



'SARV JAN SEVA'
MEMBERSHIP FORM

Form No –

1. NAME :
2. FATHER'S NAME :
3. CASTE/TRIBE :
4. AGE :
5. SEX :
6. EDUCATIONAL QUALIFICATION :
7. PREVIOUS OCCUPTION :
8. EXPERIENCE :
9. ADDRESS :
10. CONTACT NO. :
11. ANY OTHER DETAILS :

PHOTO

(a)

(b)

12. I agree to pay Rs.101/- as the membership fee.
13. I solemnly affirm that the above facts in respect of undersigned are correct to the best of my knowledge and belief. If any thing found false in aforesaid declaration the organization shall be free to take any legal action against me.
14. I also solemnly affirm and agree that incase of any undesirable acts, uncalled for behavior, actions/activities contrary to the aims and objectives of 'SARV JAN SEWA', my membership would be cancelled.

Date:

(Signature of applicant)

Note:-Please Enclose Identity and Residence Proofs.