Application Form No. .......... 
(Please write in Block Letters)

To, 

Date: 

The Governing body, 
Drishtee foundation, 
Delhi

I/We whose particulars are given in the proforma hereunder, having fully read and understood the Bye-laws of the Drishtee foundation, its objects and activities, declare that I/We fully endorse the utility of the said organization for social cause. I/We feel from within my conscience and best judgment that I/We should become member of Drishtee foundation and contribute toward the achievements of its goals and objects calculated to yield valuable social benefits.

I/We therefore request the Governing body to admit me as ORDINARY/LIFE member of the society on the terms and conditions as set out in the bye laws of the society. I/We hereby undertake to fully abide by the said terms and conditions in true spirit and to work for and contribute to the advancement of the objects of the society whenever required.

The requisite membership fee is being remitted with this application.

Thanking you.

Yours faithfully

(signature & name)
Proforma for particulars of the members

1. Name: Mr./Mrs./Ms./M/s ------------------------------ -------------------------- ----------------------
   (First Name)                    (Second Name)           (Last name)

2. Status: Individual/HUF/firm/company/Association

3. Sex: Female ☐  Male ☐

4. Date of Birth/date of registration: ------------------------------------------------(DD/MM/YYYY)

5. Father’s Name: Mr. : ---------------------------------------------------------------

6. Postal Address: ------------------------------ ------------------------------
   (House No.)                           (Street/Area)
   --------------------------------------------------------------
   (District)                           (State)
   --------------------------------------------------------------
   (Zip/Pin Code)                    (Country)

7. Telephone: --------------------------------------------- ----------------------------
   (Code)                       (Number)

7 A. Mobile: ---------------------------------------------

7 B. FAX: ---------------------------------------------
   (Code)                       (Number)

7. E.mail: ---------------------------------------------------

8. Permanent Address: ---------------------------------------------
   (House No.)                           (Street/Area)
   --------------------------------------------------------------
   (District)                           (State)
   --------------------------------------------------------------
   (Zip/Pin Code)                    (Country)

9. Telephone No.: ---------------------------------------------
   (Code)                       (Number)

10. Employment Status: ☐ Govt. Employee  ☐ Private Sector Employee
    ☐ Self Employed                ☐ Working in any NGO
    ☐ Other (Mention) : ________________
11. Educational Qualification: □ Doctorate □ Masters/Post Graduation
    □ Graduation □ 12th Class □ Matriculation □ Below Matriculation

12. Membership of any other organization: If, yes give detail- Name, address etc.

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13. Membership Categories Applied for (Select One) :

    **One-Year Membership**
    [Membership Contribution: Rs. 100/- (Rs. One Hundred Only); Rs. 100/- (Rs. One Hundred Only) as Registration Fee and Rs. 100/- (Rs. One Hundred Only) as Membership Fee.]

    **Life Membership**
    [Membership Contribution: Rs.1100/- (Rs. One Thousand One Hundred Only); Rs. 100/- (Rs. One Hundred Only) as Registration Fee & Rs. 1000/- (Rs. One Thousand Only) as Membership Fee.]

14. Payments : Amount Rs. ……………………. (Rupees …………………………………)
    Mode: Cash Cheque Demand Draft

    If Cheque/DD:
    Cheque/DD No. ………………. Issue Date ………………Bank & Branch Name & address …
    ……………………………………………………………………………………………. ………
    ……………………………………………………………………………………………. ………

**Declaration:**

I/We hereby confirm that above-mentioned information is true and correct to the best of my knowledge and belief and I understand and agree that the payment under consideration is contribution for Life Membership or One year ordinary Membership and is non-refundable.

Name:                                                                                      (Signature of the Applicant)
Place:                                                                                      Date:
Application Form No. : -------------------------

Receipt

This to confirm a duly filled Membership Application Form along with the D.D☐, M.O.☐
☐Cheque of Rs. ---------------------- has been submitted by Mr/Ms -------------------------------,
Father’s name Mr. ------------------------------------------------------------------------------------------------

Date.
Place. (Signature of Receiving Authority)

Name :--------------------------------------------------------------------------------------
Designation : ----------------------------------------------------------------------------------

(Applicant have to attach a Xerox copy of Voters I-Card or Passport or Ration Card as identify proof along with this form.)

Administrative address:

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