Registration Form

afifa foundation

## Sole/First Applicant

1. Please fill up in BLOCK letters only and use black/blue ink ball pen. Please leave one box blank between two words. Tick (√) the appropriate boxes.
2. Fields marked asterix (*) are mandatory.
3. Name and Address of Donor are optional.

## Joined as

☐ Associate Member ☐ Public Relation Social Worker ☐ Social Worker ☐ Emergency Team Member

☐ Health Member ☐ Trainer ☐ Other _____

## *Personal Details

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other_____

Name of Father/Husband/Guardian: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other_____

Date of Birth: Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Unmarried

Permanent address:

Landmark/Street:

City: Pin: State:

Mobile no. Email: _____

## *Identification Details

UID:

Proof of identity and address:

☐ Passport ☐ Voter ID card ☐ Driving License ☐ Electric Bill ☐ Ration card

☐ Other _____

## Additional Details (wherever applicable)

Religion: ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Others _____

Category: ☐ General ☐ OBC ☐ SC ☐ ST ☐ Others _____

Educational Qualification: ☐ Non-Graduate ☐ Graduate ☐ Post Graduate ☐ Others _____

Occupation: ☐ Student ☐ Salaried ☐ Business ☐ Retired ☐ Others _____

## Declaration

I declared that, I have read all the terms and conditions of afifa foundation. I agree to follow all the rule and regulation of afifa foundation. And all the information provided above is true by my knowledge.

Date: _____ Place: _____ Signature of applicant: _____