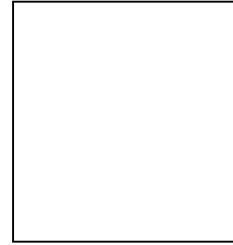


SILIGURI SUBHASPALLY WELFARE ORGANISATION
ORCHID APARTMENT, OPP: SUBHASPALLY MARKET
SILIGURI – 734 001
(Regd. No. S/1L/7315 of 2001-2002)

Ph: 0353-6589233

(Application form for Membership)

To
The Secretary,
Siliguri Subhaspally Welfare Organisation,
Siliguri



Dear Sir,

Since my attachment with the Organization for last _____ months/years as Volunteer I have experienced a convincing welfare motto and atmosphere of the Organization.

Now, to serve this Organization in a better manner I intend to be a member of the organization and pray for your consideration. As suggested by you I am giving my bio-data in the following format:

1. Name : _____

2. Father's/Husband's Name : _____

3. Permanent Residential Address : _____

Telephone No. (if any) _____

4. Occupation : _____

5. Blood Group : _____

6. Whether member of any other Welfare Organization/NGO (if so, put details) : _____

7. Name and signature of Introducer : _____

I hereby solemnly declare that I shall abide by the rules and regulations of Siliguri Subhaspally Welfare Organisation and I also declare that I shall render all sorts of services and co-operations as and when will be required by the Organization. I am aware that the Organization reserves all rights to cancel my membership at any point of time without showing any reason.

Yours faithfully

Date: _____

(For Office use only)

Application of Sri/Smt. _____ was placed before the Executive Committee/General Meeting/Extra-Ordinary General Meeting of the Organization on _____ and same has been accepted/rejected/kept in abeyance.

Sri/Smt. _____ on the basis of above mentioned reference is considered to be a Life/Honorary/General Member from the _____ day of _____ 20

President

Secretary