

प्रगतिशील मंच

PRAGATISHIL MANSI

**NOMINATION FORM**

NAME (in Hindi):

NAME (in English):

FATHER'S NAME :

DATE OF BIRTH :

BLOOD GROUP:

EDUCATIONAL QUALIFICATION:

NO. OF SON(S)/DAUGHTER(S) : BOY(S)/Age GIRL(S)/Age

PRESENT ADDRESS:

NATIVE ADDRESS:

P.T.O.

POST HELD/RETIRED FROM:

ADDRESS OF OFFICE:
(Central Govt./State Govt/Autonomous body/PSU)

DATE OF SUPERANNUATION:

TELEPHONE NO. (OFF.) (RES.)

MOBILE NO. :

EMAIL ID :

I hereby declare that I am aware of the rules & regulations and objectives of this organisation. I want to be a (general/life time) membership of this organisation.

SIGNATURE with date

Recommended by:

(1)

(2)

Registration Fee for membership/Annual Fee/donation-Rs.(in words)..... has been received. And Membership No. (Lifetime/General).....has been allotted.

(President/General Secretary)

.....
From Mr./Mrs./Ms./Dr./Er.....as registration fee/annual fee/donation for PRAGATISHIL MANCH -Rs.(in words)..... has been received.

Thanks.

(President/General Secretary/Treasurer)