

## **Terapanth Professional Forum**

Anuvrat Bhawan, Dindayal Upadhyay Marg, New Delhi

## **MEMBERSHIP REGISTRATION FORM**

Please Affix your photograph here

| To<br>The President<br>Terapanth Professional Forum<br>3, Portuguese Church Street<br>Kolkata-700001 |  |                |                         |     |           |
|--|--|----------------|-------------------------|-----|-----------|
| Dear Sir,<br>I do hereby request you to kindly register me as a r                                    | member of this fo  | rum. My detail |                         | _   |           |
| Annual Fellow  |  |                |                         |     |           |
| Name:  |  |                |                         |     |           |
| DOB/Age:   | Gender M/F   |                |                         |     |           |
| Son/Daughter/Wife of   |  |                |                         |     |           |
| Name of the Company/Firm   |  |                | $\langle \zeta \rangle$ |     |           |
| Residential Address:   |  |                |                         |     |           |
| he   |  |                | <u> </u>                | 2   |           |
| Official Address:  |  |                |                         |     |           |
|  | Blood Group:   |                |                         |     |           |
| Address for Communication (Put $$ Mark)  | () Residential   | ( ) Of         | ficial                  |     |           |
| F  |  |                |                         |     |           |
| Professional Profile (Put  Mark)   |  |                |                         |     |           |
| Advocate Architect   | Administrative Officer C.A/C.S/I.C.W.A<br>Engineer Professor |                |                         |     |           |
| <ul> <li>Company Executive Doctor</li> <li>Other (Specify)</li> </ul>                                |  |                |                         |     |           |
| Educational Qualification  |  |                |                         |     |           |
| Tel.: (O) (R)  |  |                |                         |     |           |
| E-Mail   |  |                |                         |     |           |
|  |  |                |                         |     |           |
| Family Details SI No Name  | Relation   | Mobile         | Education               | DOB | Bld Group |
|  | Relation   | Wobile         | Lucation                | DOB | Biu Group |
|  |  |                |                         |     |           |
|  |  |                |                         |     |           |

I do hereby declare that all the above details are true to the best of my knowledge. I abide by the constitution and rules and regulations of

Terapanth Professional Forum.

Chq. No....., drawn on.....

Signature: