सुशिक्षा • सुस्वास्थ्य • सुपर्यावरण

साहायम्®
शिक्षा सहयोग प्रतिष्ठिका

रजि. नं. 01742

रजि. ऑफिस : #181, सैक्टर-13, हिसार फोन : +91-82955 00181

Email : sahayyampratisthika@gmail.com www.sahayyampratisthika.org

Membership Form

1.	Name of the Applicant	
2.	Father's/Husband's Name	
3.	Mother's Name	
3.	Permanent Address:	
4.	Correspondence Address:	
6.	Date of Birth:	
7.	Occupation:	
8.	Mob. No. :	
9.	Email ID :	
10.	Aadhar No. (attach self attested copy)	

2. I am enclosing herewith the following Documents:
(i) Copy of Aadhar/PAN/Family ID towards proof of Identity.
(ii) Copy of Aadhar/Family ID/Passport towards proof of Address.
(iii) Copy of Aadhar/Metric DMC/Birth Certificate towards proof of date of birth.
(iv) DD/Pay Order/ Cheque No./UPI Payment/Internet Banking/Mobile Banking Transaction ID No. _____ dated_____ for Rs._____ in favour of Sahayyam Shiksha Sahyoga Pratisthika, towards membership fee.
(vii) Two passport size and one stamp size photographs.

3. I certify that:
(I) I unconditionally subscribe to the aims & objects of the Sahayyam Shiksha Sahyoga Pratisthika and contribute towards attainment of the same.
(ii) I will abide by the Byelaws of the Sahayyam Shiksha Sahyoga Pratisthika as applicable and amended from time to time.
(iii) I have not been convicted of an offence involving moral turpitude involving imprisonment.
(iv) I fulfill all the eligibility criteria mention in the Byelaws of the Sahayyam Shiksha Sahyoga Pratisthika,

(Signature of the Applicant)

4. I hereby submit my all requisite credentials to admit me as a _____ (Type of Membership) member of the Sahayyam Shiksha Sahyoga Pratisthika.

Self Attested Photo

Signature of Applicant :

Name : _____

Date : _____

Place : _____

C. Decision of the Governing Body:

Sh. _____ s/o _____ aged _____ years, r/o _____ is admitted as Ordinary/ Life member of the Society vide resolution bearing No. _____ w.e.f. _____ under membership No. _____ vide resolution bearing no. _____ in the meeting of the Governing Body held on _____.

He may be issued an Identity Card of the Sahayyam Shiksha Sahyoga Pratisthika, & his name may be entered in the Register of Members.

Secretary **President**

Dated: _____

Place: _____