Gada Welfare Association Delhi (Regd.)							Membership No.	
	Shaheen Bagh, Abul Fazal Enclave -II, New Delhi -110025						L-	
Life Membership Enrolment Form								
Name								
Father's Name							Photo	ograph
Date of Birth								. J - F
Residential Address								
Contact No.								
E-mail Address								
Ed. Qualifications								
Profession & Official Address								
Native Place								
Family Details (Optional)	Name		Relation		n	Qualification		tion
Proof of Identity	Pro			of of	Age			
Proof of Address								
Membership Fee Details	Rs. 100	00 paid by Cash	Cash R No. &	-				
Introduced by	Mr.		Membe			ership	No.	
	Mr.		Membership			ership	No.	
Declaration	I hereby affirm and declare that above statements are true to the best of my knowledge and belief.							
Accepted	l /Reiect	ed						
			<u>Applica</u>			nt		
General Secretary			Date	1				

Documents required: Proof of Identity: Aadhaar/ Voter ID/ Driving License/ Passport/ Bank Passbook/ PAN Card
Proof of Age: 10th School Certificate/ Govt. Birth Certificate/ PAN Card/ Passport/ Driving License/ Aadhaar
Proof of Address: Aadhaar/ Voter ID/ Driving License/ Passport/ Bank Passbook

Note: Documents submitted must be self attested by the candidates, attested by introducers and verified and signed by Enrolment Officers.