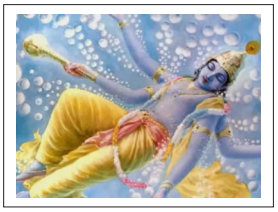

MEMBERSHIP FORM

To
The President

Sri Vaikuntha Dhaam Charitable Trust (REGD.)
77, 3rd Floor, Rear Building, Village Jharia Maria,
East of Kailash, New Delhi - 110065

PAN No.

I hereby declare and undertake that I have read the existing rules, regulations and privileges of applied membership which shall remain binding upon me and my heirs and successors in their existent form as applicable from time to time. In case of violation of any rule, regulation my membership is liable to be terminated.

NAME

FATHER/HUSBAND NAME

HOME ADDRESS

PIN CODE

MOBILE

PHONE

DATE OF BIRTH

D D M M Y Y Y Y

EMAIL

OFFICE ADDRESS

PIN CODE

NOMINEE DETAILS

NOMINEE NAME

RELATIONSHIP

SIGNATURE

BIO DATA

NAME OF SPOUSE

DATE OF BIRTH OF THE SPOUSE

D D M M Y Y Y Y

DATE OF MARRIAGE

D D M M Y Y Y Y

NAME OF THEIR DEPENDANTS

FATHER

MOTHER

CHILDREN

1

2

3

4

5