

Membership Form

FORM NO.

Shiksha Salahkar Samiti, Bihar

Trishul Market Campus, Near Sisodia Palace, Boring Canal Road
Patna-800001

Please
Affix your recent
passport size
photograph
DO NOT STAPLE
OR PIN
THE
PHOTOGRAPH

1. Fill in the blanks with BLACK/BLUE Ink ball point pen.
2. Fill in the form in BLOCK LETTERS only.
3. The form should be complete in all respects.
4. Please attach your 2 passport size photograph and ID & Address proof with this form.
5. Please attach Certificate of Registration or any other proof

Name of The Organization : _____

Year of Establishment : _____ Registration No.: _____

Nature of Work : _____

Address of Organization : _____
_____. PIN CODE: _____

Phone No. (with STD code) : Land line 1. _____ 2. _____

Mobile No. : 1. _____ 2. _____

Website : _____

E-mail ID : _____

Authorised Person : _____

Father's Name : _____

Date of Birth : _____ Nationality: _____

Educational Qualifications : _____

Authorised Person Address : _____
_____. PIN CODE: _____

Contact No. : Official: _____ Personal: _____

Introducer

Sr.No.	Name	Organization Name	Contact No.	Signature
01.				
02.				
03.				

Date : _____

Place : _____

Signature & Seal of Organization