

KINDLY FILL THE UPDATED MEMBERSHIP FORM

TO AVAIL THE BENEFIT OF



(Actual card will differ in design, look and matter)



APP & Web Site update of Photo, Family Details and nature of Work

Please Print attached form , Fill it and BRING in the Upcoming Programme or bring your & spouse photo & fill

To be filled by Managing Committee Only

RAJASTHAN KALYAN PARISHAD
Address: C-33, Sector 2, Noida 201301, Email: rkpnda1990@gmail.com
www.rkp.org.in

MEMBERIDP Number: _____ CELL/PHONE: _____
Annual No: Signature: _____ (Life / Annual) Associate
Name: _____ Date: _____

for : LIFE MEMBERSHIP / ANNUAL MEMBERSHIP / ASSOCIATE MEMBERSHIP

Name of Person:	Photograph of Member	Name of Spouse:
Birth Date: (dd/mn/yyyy)		Birth Date: (dd/mn/yyyy)
Mobile No.:		Mobile No.:
Whatsapp No. (if any):		Whatsapp No. (if any):
Residence Landline:		Office Landline:
EMAIL:	Photograph of Spouse	EMAIL:
Blood Group:		Blood Group:
Native Place (in Rajasthan)		Native Place (in Rajasthan, if any)
Education:		Education:
Father's Name:		Date of Marriage: (dd/mn/yyyy)

***** POSTAL ADDRESS *****

Residence Address :	Office Name:
	Office Address:
Pincode:	Pincode: Nature of Business:
Contact time at home: (ex: 9:00/10:00/11:00/12:00/1:00/2:00)	Off. Landline: Designation:

***** CHILDREN DETAILS *****

Sl. No.	Name of CHILD	Male / Female	Birth Date	EDUCATION	Blood Group	Married Sec. (Spouse name)	If Member TYPE
1							
2							
3							
4							
5							

***** OPTIONAL INFORMATION : Whatever YOU Don't have problem to Disclose, please write & upgrade timely *****

Permanent Address: _____ AADHAAR No./ Virtual ID No. (VID) : _____
(Please inform when change)

S.No	Membership of Organisation	Position Held	Period	Achievement/Award (If any)
1				
2				
3				

Academic / Professional Achievement/Award/ Honour (If any):

Delivered by official receipt: Name: _____ Mobile No. _____ Delivered by official receipt: Name: _____ Mobile No. _____ Delivered by official receipt: Name: _____ Mobile No. _____	Signature of Applicant: _____ Date: _____ Received through: _____
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