

MEMBERSHIP FORM

VLE INFORMATION

Name (In Hindi) _____ Name (In English) _____
Father Name _____ Mother Name _____
Permanent Address _____ Phone (home) _____
City _____ Phone (Cell) _____
District _____ Whatsapp/ Telegram No. _____
State _____ PIN _____ Email _____

CSC DETAIL

CSC ID _____ Aadhaar No _____
CSC Address _____ PAN No _____
Revenue Village _____ Block _____
District _____ State _____ PIN _____
Gender: _____ Qualification _____
DOB: _____ Technical Qualification _____
Marital Status: _____ No of Dependent: _____

VLE Agreement:

I agree to abide by all policies and procedures of District Society.

I agree to pay Membership Fees and any reasonable collection costs if applicable.

Paste Here
Recent Color
Photograph

VLE Signature: _____

Date: _____

President Signature: _____

Date: _____