



ACHINTYA DURJAY FOUNDATION MEMBERSHIP FORM

Select any one category

- 1. Bhartiya Education Counsellors Association
- 2. Business Excellency Association
- 3. Human Rights Awareness and Protection council
- 4. National Business Associate
- 5. Others

1. NAME OF CANDIDATE:- _____

2. FATHER'S NAME:- _____

3. ADDRESS:- _____

4. EMAIL ID:- _____

5. MOBILE NO. _____ WHAT'S APP NO. _____

6. DATE OF BIRTH:- _____

7. HIGHEST QUALIFICATION:- _____

8. YEAR OF PASSING:- _____

9. PROFESSION:- _____

10. SKILL SPECIALIZATION:- _____

I have gone through the rules and regulations of Achintya Durjay Foundation and would like to become a member. On having understood the rules, i agree to actively participate in all the activities of the Trust and to abide by its rules. I may be inducted as its member.

APPLICANT SIGNATURE