VMK/OTHER/19

Membership No._____

Tel:- 47068347

Handicapped Welfare Federation

(Regd. under the Societies Registration, Act – 1860)
H.V.F Bhawan, Madhu Vihar,
I. P. Extn., Delhi – 110092

1. Name (in block letters) Sh./Smt./Km._____
2. Date of Birth _____
3. Father's Name & his occupation _____
4. Monthly income of Father/Guardian _____
5. No. of family members _____
6. Qualifications _____
7. Specialisation Field _____
   Subject _____
8. Nature of Disability _____
9. Present Employment Name of _____
   Employer, Address & Salary _____
10. Experience, if any _____
11. Timings of Office, if employed _____
12. Phone Nos. _____
13. Postal Address (in block letters) Residence _____
    _____
    Office _____
    _____
14. Permanent Address _____
    _____
15. Any other information _____
16. Physically Fit Yes/No._____

Place:.....

Date:.....

(SIGNATURE)

Recommendation G. Secy./ President
(Note: Life Membership Fee is 1100