



# NJAVALLIL KUDUMBAYOGAM CHARITABLE TRUST

Reg.No. : 127/ IV/2017

KAROR P.O., PALA, KOTTAYAM (Dt.), KERALA, INDIA, PIN - 686574

## APPLICATION FOR MEMBERSHIP

1	<b>Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>	<b>Edu. Qualification</b>	<b>Occupation</b>			
2	<b>Permanent Address</b>	<b>Present Address</b>	<b>Phone Nos</b>						
			<b>Email ID</b>						
3	<b>Parish</b>	<b>Congregation</b>			<b>Diocese</b>	<b>State</b>			
4	<b>Name of Father</b>	<b>Name of Mother</b>		<b>Mother's House Name &amp; place</b>					
5	<b>Name of Spouse</b>	<b>House name</b>		<b>Place</b>	<b>Education</b>	<b>Occupation</b>			
6	<b>Details of Children as per order of Birth</b>								
	1		5		9				
	2		6		10				
	3		7		11				
	4		8		12				
7	Tick <input checked="" type="checkbox"/> the branch in which the applicant belongs to								
	1	Pazhayidom	<input type="checkbox"/>	2	Puthenpurayil	<input type="checkbox"/>	3	Theruvankunnel	<input type="checkbox"/>
	4	Manjakkunnel	<input type="checkbox"/>	5	Thekkel	<input type="checkbox"/>	6	Panamattom	<input type="checkbox"/>
	7	Vilangupara	<input type="checkbox"/>	8	Puthenpurackal	<input type="checkbox"/>	9	Tharavadu	<input type="checkbox"/>
8	<b>Subbranch</b>								
9	<b>Details of daughters who are married</b>								
	<b>Name</b>	<b>Occupation</b>	<b>Husband's Name</b>		<b>Husbands Occupation</b>	<b>Address</b>			

Kindly admit me as a member of Njavallil Kudumbayogam Charitable Trust. I will obey the rules and regulations of the Trust

Place:

Date:

Signature

### FOR OFFICE USE ONLY

The Applicant is registered as a member of the Trust with Membership No. \_\_\_\_\_

Kudumbacharitram Page No: \_\_\_\_\_

Directory 2016 Page No: \_\_\_\_\_

Receipt No: \_\_\_\_\_

**President / Secretary**