



Regn. No.: S000608/2017-18

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कानूनी सहायता केन्द्र
Kanooni Sahayata Kendra

"an initiative to provide legal advice, legal help/assistance to the weaker sections"

Paste Your
Recent
Passport Size
Color Photo

Form No.

MEMBERSHIP APPLICATION FORM

Please use BLOCK Letters only.

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|-------------------------------|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. Name of Applicant | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Father's/Mother's/Guardian's Name | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Date of Birth (DD/MM/YY) | | <input type="text"/> | | | | | | | | | | | | | | | | Blood Group <input type="text"/> | | | | | | | | | | | | | | | | | |
| 4. Gender : Male <input type="checkbox"/> | | Female <input type="checkbox"/> | | | | | | | | | | | | | | | | 5. Marital Status : Single <input type="checkbox"/> | | Married <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 6. Educational Qualification _____ | | | | | | | | | | | | | | | | 7. Occupation _____ | | | | | | | | | | | | | | | | | | | |
| 8. Nominee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guardian's Name | | | | | | | | | | | | | | | | | Relation with Applicant | | | | | | | | | | | | | | | | | | |
| 9. Nominee of the Nominee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guardian's Name | | | | | | | | | | | | | | | | | Relation with Nominee | | | | | | | | | | | | | | | | | | |
| 10. Applicant's Address for correspondence : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Village/Mohalla | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Panchayat/Ward | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | <input type="text"/> | | | | | | | | | | | | | | | | PS | | <input type="text"/> | | | | | | | | | | | | | | | |
| Block | | <input type="text"/> | | | | | | | | | | | | | | | | District | | <input type="text"/> | | | | | | | | | | | | | | | |
| PIN | | <input type="text"/> | | | | | | | | | | | | | | | | State | | <input type="text"/> | | | | | | | | | | | | | | | |
| 11. Applicant's Permanent Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Village/Mohalla | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Panchayat/Ward | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | <input type="text"/> | | | | | | | | | | | | | | | | PS | | <input type="text"/> | | | | | | | | | | | | | | | |
| Block | | <input type="text"/> | | | | | | | | | | | | | | | | District | | <input type="text"/> | | | | | | | | | | | | | | | |
| PIN | | <input type="text"/> | | | | | | | | | | | | | | | | State | | <input type="text"/> | | | | | | | | | | | | | | | |
| 12. Contacts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Tel (with STD Code)/Mobile | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Official Tel (with STD Code)/Mobile | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel Tel (with STD Code)/Mobile | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e-mail : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DECLARATION

I, wish to become a Member of **KANOONI SAHAYATA KENDRA**. I will abide by the Rules and Regulations of **KANOONI SAHAYATA KENDRA** and will serve the humanity to the best of my ability without any profit motive. I will conduct myself with highest personal ethics and integrity. I have never been convicted by any Court of law in India or charged with crime

involving moral turpitude, or dishonesty. I have not been adjudged as an insolvent by any court. Providing Social Service is my sole motto. It will be my priority to awaken & empower people of all sections (especially weaker sections) about the various laws and regulations related to their safety/dignity. It will be my constant endeavor to extend legal aid support to people of all sections (particularly those who can't afford it on their own) apart from awakening them on legal matters.

I will always follow the objectives and intent of the organization both in letter and spirit with due regard to guidance and advice of the Senior Office Bearers.

I shall be held squarely responsible for incomplete/wrong declaration in the Membership Application Form. Any action initiated against me in this respect will be acceptable to me. I will not seek refund or adjustment of Membership Fee in case of any action initiated against me with respect to any of my activities against the organization. The decision of the organization will be acceptable to me and I will obey and carry out such decision(s) sincerely and to the best of my ability.

Place :

Date :

Applicant's Signature

Enclosure

1. Recent Color Passport Size Photograph : 3 pcs
2. **Proof of Identity** (Voter I. Card / PAN Card / Driving Licence / Recommended Institutional I.D. Card / Passport etc.)
3. **Proof of Address** (Adhar Card / Ration Card / Recent A/c Statement of Bank Passbook / Electricity Bill / Latest Telephone Bill of Landline / Latest Gas Bill / Rent Agreement of Residence / Others)
4. **D.D / Cheque** of yearly membership fee (for **Student Member** 500/=-, **General Member** 1000/=-, **Active Member** 5000/=-, **Special Member** 10000/=- and **Institutional Member** 20000/=-) in favour of **KANOONI SAHAYATA KENDRA** OR you can pay your membership fee and transfer your valued donation through **Google Pay QR Code**
5. Character Certificate.
6. Photocopy of Educational Certificates.



9431003090@okbizaxis

For Official Use Only

Panchayat / Block / Subdivision / District / Commissioner / State Level Committee.

This is to confirm that the information given by the candidate in this Application Form and documents enclosed, have been verified. The candidate is found suitable for the membership of **KANOONI SAHAYATA KENDRA**.

Recommended by

Note :

If any queries, you feel free to contact @

e-mail : kskindia.org@gmail.com

Web : www.kskindia.org

President/Secretary/Other Officials

(Name and Signature with Designation and Stamp)