

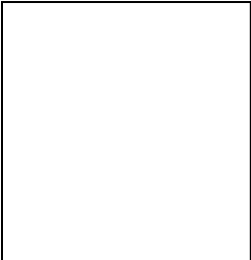


ODIA SEVA FOUNDATION

Off Add:
01, Jai Jagannath CHSL, Nandadeep Nagar, Chakkinaka, Kalyan (E) - 421306
Vrudhashram & Gaushala Address:
Gothanipada Village, Kakadwal, Malang Road, Nevali, Kalyan (E)

MEMBERSHIP NO.: _____

Date : ____/____/____



Personal Information:

Full Name: _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Unmarried DOM: ____/____/____

Date of Birth: ____/____/____ Blood Group: _____

PAN No: _____ Aadhaar No: _____

Current Address: _____

Hometown Address: _____

Phone Number: _____ / _____ / _____

Email Address: _____ Number of Members in Family: _____

Educational Qualification: _____ Occupation: _____

Are you interested in volunteering? ☐ Yes ☐ No

If yes, please indicate your availability: ☐ Weekdays ☐ Weekends

Payment Method:

☐ Cash ☐ Cheque ☐ Bank Transfer ☐ Online Payment Fees : _____

Declaration:

I _____, hereby declare that the information provided in this membership form is true and correct to the best of my knowledge. I agree to comply with the rules and regulations of the organization and to actively participate in its programs and activities. I also understand that my membership can be revoked if I fail to comply with the organization's rules and regulations.

Applicant’s Signature: _____ Date: _____

Referred by: _____