



Jai Srimannarayana !

# VIKASA TARANGINI

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vikasataranginioffice@gmail.com

www.vtseva.org



## MEMBERSHIP FORM

SUR NAME

NAME

PHOTO HERE

DD/MM/YYYY

DATE OF BIRTH

PLACE OF BIRTH:

ADDRESS:

MALE

FEMALE

PIN:

DIST. :

POST / CITY / VILAGE

STATE:

PHONES LAND LINE NO:

MOBILE NO :

E-MAIL :

WEB:

QUALIFICATION :

PROFESSION :

ORGANIZATION

MEMBERSHIP IN OTHER ORGANIZATIONS :

INTRODUCED BY

## DECLARATION

I do hereby declare that the information given above is true to the best of my knowledge and belief. I agree to abide by the rules and regulations of Vikasa Tarangini.

DATE :

PLACE :

SIGNATURE

## FOR OFFICE USE ONLY

Admitted as Volunteer with Member ID:

on date:

DD/MM/YYYY

Associated with VT Branch:

Branch ID:

FOR VIKASA TARANGINI

Name & Signature

Regd. Office: 1-2-412/1/3, Gaganmahal Colony, Domalguda, Hyderabad 500029 Andhra Pradesh, India Ph: 040-23224426

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