

**Application Form
For
Registration of Firms, Societies and Non-Trading Corporations**

1. Name of the Association: _____

Address of Registered Office of the Association

2. Address Line 1*: _____

3. Address Line 2: _____

4. Rural/Urban*: _____

5. Sub-Division*: _____

6. Block/Municipality/Corporation*: _____

7. Name of Block/Municipality/Corporation *: _____

8. PIN Code*: _____

9. Post Office: _____

10. Police Station: _____

11. District*: _____

12. State*: _____

13. Country*: _____

14. Ward No.: _____

15. Object of the Association*: _____

16. Names of the First Members of the Governing Body*: _____

Details of the Signatories to the Memorandum

17. Names of the Signatories to the Memorandum: _____

18. Address Line 1*: _____

19. Address Line 2: _____

20. Rural/Urban*: _____

21. Sub-Division*: _____

22. Block/Municipality/Corporation*: _____

23. Name of Block/Municipality/Corporation *: _____

24. PIN Code*: _____

25. Post Office: _____

26. Police Station: _____

27. District*: _____

28. State*: _____

29. Country*: _____

30. Ward No.: _____

31. E-mail: _____

32. Date of Birth*: _____ Age: _____

33. Gender*: _____

34. Occupation*: _____

I hereby declare that the above information is true to the best of my knowledge and belief.

Signature: _____

Date: _____