



IHRWA INTERNATIONAL HUMAN RIGHTS WELFARE ASSOCIATION
MINISTRY OF CORPORATE AFFAIRS GOVT. OF INDIA REG.

GOVT. REG. No.: U85310PN2020NPL194016

Contact: 98929 85721 / 9604112020 Web: www.ihrwa.org

APPLICATION FOR ENROLLMENT OF MEMBERSHIP

APPLICANT'S DETAIL

Name of Applicant: _____

Name of Father/Husband/Mother: _____

Gender: ☐ Male ☐ Female ☐ Other

Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)

Blood Group: _____

Nationality: _____

Educational Qualification: _____

Occupation: _____

Languages Known: _____

Any Experience In Social Work: _____

Address of Communication: _____

Mobile No.: _____ Email: _____

DATE OF ENROLLMENT: _____ SIGNATURE OF APPLICANT: _____

Note: Membership fees is not refundable.

Applicant's Color
Passport Size
Photograph
Size: 5 X 4.5 (Cm.)
OR
2 X 0.75 (inch)

FOR OFFICE USE ONLY

Membership Authorised By: _____

Membership Payment Receipt Details: Rs. _____

through Cash/Cheque/Demand Draft No.: _____

Drawn on (Bank): _____

Details of Documents Enclosed: Please Tick ☒)

☐ Passport ☐ Ration Card ☐ Election Card ☐ Pan Card ☐ UID Card ☐ No Criminal Record Certificate

Details of Designation Honoured: Please Tick ☒)

☐ Chairman ☐ Working Chairman ☐ Vice Chairman ☐ Gen. Secretary

☐ Secretary ☐ Jt. Secretary ☐ Director ☐ Jt. Director

☐ Executive Officer ☐ Executive Member

TERMS AND CONDITIONS APPLY

**SIGNATURE / SEAL
AUTHORISED SIGNATORY**

Regd. Off.: B1000259, Shri Sai-Villa, Biroba Ban Road, Gaikwad Vasti, Shirdi, Taluka Rahata, Dist Ahmadnagar, Maharashtra-423109