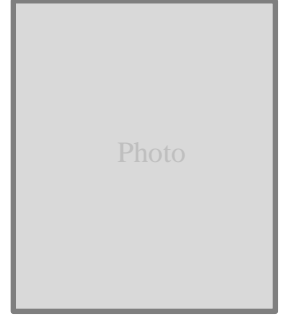




ARIAMBA

A Women Unit of
Adi Guru Shankaracharya Temple & Social Development Trust



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Membership Application Form

(All details to be filled in Block Letters)

Name: _____

Father's/Husband's Name: _____ Date of Birth: _____

Profession: _____ Education : _____

Address (Permanent) : _____

Address (Present) : _____

Phone No: _____ Email Id: _____

Gotro: _____ Website (if available) : _____

Member in any other organization (If Any) : _____

Your Message (If Any) : _____

I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled.

Place: _____ Date: _____

Signature of the Receiver

Signature of the Applicant

Signature & Stamp of Authorized Person

