



Bangiya Sanskritik Sangha

Secunderabad

6-1-133/23, Brooke Bond Colony, Padmaraonagar, Secunderabad – 500 025 Telanaga
Ph : 91-040-2750-8298 Email: info@bangiyasanskritiksangha.com
www.bangiyasanskritiksangha.com

APPLICATION FORM FOR MEMBERSHIP

(Online downloaded form)

No.

Dear Sir,

I wish to enroll myself as a member of bangiya Sanskritik Sangha, Secunderabad. My details are as under:

1. Name First Name _____

Middle Name _____ Last Name _____

2. Father's Name : _____

3. Name of Spouse : _____

4. Address (Office) : _____

_____ Pin: _____

5. Address (Res.) : _____

_____ Pin: _____

Phone _____ Mobile _____

Email _____

Address of Communication (Please tick)

Office

Residence

5. Date of Birth : Day _____ Month _____ Year _____

6. Name(s) of the dependent members of the family with relation and age

i. _____ iii. _____

ii. _____ iv. _____

7. Introduction

Proposed by _____ Membership no. _____ Sign. _____

Seconded by _____ Membership no. _____ Sign. _____

* *Introducers must be valid members*

* *Proof of Address to be attached : (Driving Licence / Voter ID / Aadhar card)*

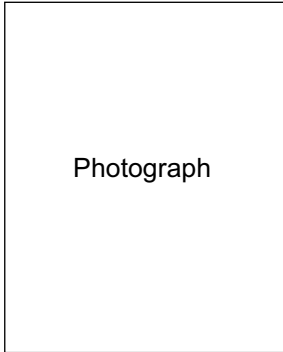
* *Passport size photographs 2 nos. to be enclosed*

Additional Information

1. How did you come to know about BSS _____
2. How long are you residing at the mentioned address / Hyderabad _____
3. Are you member of any other bengali club (please mention with location)

4. Is there any other person from your family who is a member of this association Yes Nos
If yes then please provide his/her name _____ Membership no. _____
5. Please specify your profession (*pl. tick*) Doctor Engineer Architect CA
Any other (*if business then mention type*) _____
6. Languages known _____
7. Please mention your area of interest (*pl. tick*)
 Social Work Puja Cultural activities Administration Organising events
 Fund Raising Library Vocational training Sports

This information provided by me is true to my knowledge. I agree to abide by the rules and regulations of bangiya Sanskritik Sangha.



Signature of Applicant
Name :
Date :

FOR OFFICE USE ONLY

The Membership application is Approved Not Approved

1. Class of Membership _____ Membership no. _____
2. Date of Approval _____
3. Fees payment details _____

Amount Paid _____ Receipt No. _____ Date _____
Signatures :

President
Date:

General Secretary
Date: