



Swasraya

TRAINING & REHABILITATION CENTRE

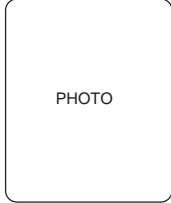
(Registered under the Charitable Trust Act—Reg. No. 71/IV/01)

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SWASRAYA FRIENDS CIRCLE

APPLICATION FOR LIFE MEMBERSHIP

1. Name

2. Present Address

3. Permanent Address

4. Occupation

5. E-mail Address

Telephone Numbers

6. Date of Birth

7. Name of Family Members : 1.

2.

3.

4.

DECLARATION

I here by agree to pay a sum ofevery month towards Swasraya for the next twenty five months.

Place:

Date:

Signature

FOR OFFICE USE