## SHREE VAGAD GRADUATES' ASSOCIATION (SVGA)

(SocietyReg. No 749 of 1997(Mumbai))



A/001, GulmoharCo.opHsg.Soc., Ground Floor, P.L. Kale Guruji Marg, Next To Bhandari Co.Op Bank, Off Ranade Road, Dadar (W), Mumbai- 400028 Phone: 24327842/9022313382

Website: <a href="www.svgaindia.org">www.svgaindia.org</a>
Email: <a href="mailto:svgaindia@gmail.com">svgaindia@gmail.com</a>



## **Membership Application Form**

To,					
The Secretary,					
		_	/agad Graduates' Asso ions of the Association	ociation. I hereby also agree n.	
Mr. / Mrs. / Miss: _					
S	Surname	Name	Second Name	Third Name	
Age		Birth Date	Villag	e in Kutch	
Residence Addres	S:				
Pin Code:		Tel. No:	Mob No: _	Mob No:	
Office Address:					
Pin Code:		Tel. No:			
Single/Married: _			Email Id:		
Spouse Name:			-	1:	
Blood Group Self: _			Blood Group Spo	use:	
Academic Qualific	ation	<u>Degree</u>	<u>Ye</u> :	ar of passing	
<ol> <li>Graduation (Specify the County)</li> </ol>	: ırse)				
<ol><li>Post Graduation (If Any)</li></ol>	n :				
Present Business/Pro	fession:				
Status Held:					
Extra Curricular Activ	ities /Hobb	ies:			
Association with Othe	r Social Org	ganization:			
Date:	Signature:				
<b>Document Requ</b>	ired:				
1) Degree Certific		3) Address Prof	:		
2) Two Photograp		4) Rs. 2500/- Li	fe Membership Fee		
		SVGA			
Doggint No		(For Office Use	e Only)		
Receipt No. Passed By:		Date:	Signature:	:	