পশ্চিমবঙ্গ বিদেশী পক্ষী প্রেমী সংস্থা

Paschimbanga Exotic Bird Lover Organisation

Registration No. : S/2L 14574 (W.B)
224, Bidhan Sarani, Kolkata - 700 006, Ph : 9830472347, 9836402643, 8420005512

Membership Application Form

1. Full Name

Please Select title ☐ Shri ☐ Smt ☐ Kumar ☐ Kumari

First Name

Middle Name

Surname

Photo

2. Abbreviation of the above name,as you would like it,to be printed on the card

3. Gender (for individual applicants only) ☐ Male ☐ Female

4. Date of Birth Day Month Year

5. Father's Name (Even married women should fill in father's name only)

6. Permanent Address

Flat/Room/Door/Block No

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State Pincode/Zip code Country Name

7. Temporary Address

Flat/Room/Door/Block No

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

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7. Address For Communication ☐ Permament Address ☐ Temporary Adress

8. Telephone Number & Email ID details.....

Country Code ☐☐☐☐ STD Code ☐☐☐☐ Telephone/Mobile Number ☐☐☐☐☐☐☐☐☐☐

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9. Status of Applicant
Please select status,as applicable

☐ Student ☐ Government ☐ Private ☐ Professional ☐ Business

10. Educational Qualification

☐ Below10 ☐ 10+ ☐ 12+ ☐ Graduate ☐ Post-graduate Others ☐

11. Please mention your PAN number(if allotted) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

12. Proof of Identity (POI) and proof of Address (POA)
I have enclosed ☐ as proof of Identity and ☐ as proof address

13. Any other Bird club member of Yes/No (please tick mark)
If Yes Please mention club name & membership number

Club name ☐ Membership No ☐

14. I do hereby declare that what is stated above is true to the best of my /our information and belief.

15. Pay only Cheque or Demand Draft : Cheque / D.D No. ☐

N.B. Account Payee Cheque should be drawn in favour of Paschimbanga Exotic Bird Lover Organisation

Place: Date: Signature of the Applicant

Approved by district Head Name_____

District Head's signature