



BELDA BYABASAYEE KALYAN SAMITI

POST: - BELDA – 721424 :: DIST:- PASCHIM MEDINIPUR :: W.B.

MEMBERSHIP APPLICATION FORM

Photo

Application No.: -

Membership No.

(For office use only)

Details of Organisation

1. Name of the Organisation (In English):
2. Name of the Organisation (In Bengali):
3. Status of Organisation: Proprietorship Partnership Company Others (please specify).....
4. Category: Retailer Wholesaler Manufacturer Job Work Hotel/Restaurants Others
5. Address of Organisation:
6. Date of Incorporation / Formation:
7. Telephone/Mobile Number: E-mail:

Details of Primary Applicant

8. Full Name: -
9. Father's Name: -
10. Residential Address: -
11. Gender: - Male Female Transgender
12. Mother Tongue
13. Relation with Organisation: - Proprietor Partner Director Others (please specify)
14. Date of Birth: - 15. Nationality: - 16. Religion: -
17. Telephone/Mobile Number: - E-mail: -

Other Details

18. Any additional information: -
19. Reference Name: - i. ii.

I hereby apply for the membership of the Belda Byabasayee Kalyan Samiti and solemnly declare that all the particulars given in the form are true to the best of my knowledge and belief. I have read the Constitution of the Samiti (BBKS) and shall agree to abide by the rules and regulations laid by the Samiti (BBKS) from time to time.

Place: -

Date: -

Signature of Applicant with Seal

*Membership will be granted according to the E.C. Meeting.

For Office Use Only

Received at Belda Byabasayee Kalyan Samiti office along with Valid documentary and Requisite Subscription Fee on Membership Confirmed on Membership Number

Signature and stamp of General Secretary