

SHRAM SANSKAR CHHAVANI

15TH TO 22ND MAY 2010

AT LOK BIRADARI PRAKALP, HEMALKASA

(A PROJECT OF MAHAROGI SEWA SAMITI, WARORA)

E-mail Id: hemalkasacamp@gmail.com

REGISTRATION FORM

Registration No.

Date:

1. Name:			
(In Block Letters)	(Surname)	(Name)	(Middle Name)
2. Gender: M <input type="checkbox"/> F <input type="checkbox"/>	3. Age: Years	4. Date of Birth:	
		(DD / MM / YYYY)	
5. Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>	6. Qualification:		
7. Blood Group: A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/>	Rh + ve <input type="checkbox"/> -ve <input type="checkbox"/>		

8. Contact Information:

Current Address:	Permanent Address:
Pin Code:	Pin Code:
Telephone Nos.:	Telephone Nos.:
(R)	(R)
(O)	(O)
(STD Code) (Tel. No.)	(STD Code) (Tel. No.)

Mobile No.	E-mail Address:
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9. Whether First Time Camper Repeat Camper
10. If repeat camper, previous year(s) of participation:
11. If you are student member,
 a) Name and Address of Your College / School:

 b) Class: c) Referred by:
12. If you are non-student member, whether
 Self-employed Salaried Social Worker
 A) If Self-employed, type of Business:
 B) If Salaried, type of Service: Designation:
13. Contact person at Home with Contact Details (if needed in future):

14. Hobbies and Interests:
15. Have you attended any other camps and where?
16. Purpose of attending this Camp?
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Signature of Participant