



SANATHANA DHARMA PARIRAKSHANA TRUST

(A Public Charitable Trust registered under the Indian Trust Act)

Admn. Office: H.No. 362, 11th Floor, 11th Cross, 4th Main, 2nd Block,
Behind B.D.A.Shopping Complex, R.T. Nagar, Bengaluru – 560 032.

Phone No. : 080 – 6533 5515/16/17

W: www.vedicagraharam.com **E:** dharmadhikari@vedicagraharam.com

MEMBERSHIP REGISTRATION FORM

Note :

1. Xerox Copies of the Form can also be used.
2. Form may be downloaded from www.vedicagraharam.com
3. Please fill in block letters only

PHOTO

I. PERSONAL DETAILS

1. a) Gothram :
b) Surname :
c) Name :
d) Father's / Husband's Name :

2. Date of Birth & Age :

3. Educational Qualification :

4. Occupation / Profession with
Office Address :

5. Phone Nos. (Area Code) Off :

Cell 1 :

Res. :

Cell 2 :

6. E-mail address (Mandatory) :

II. FAMILY DETAILS

S.No.	Name	Relationship	Age	Qualification	Raasi	Star

III. ADDRESS FOR MAIL/CORRESPONDENCE

Name:

H. No.:

Plot / Flat No. :

Road Name / No. :

City / Village :

State :

Building Name:

Locality :

Dist :

Pin Code :

IV. ADDITIONAL PARTICULARS

a) If the applicant is **male**, please furnish the following details:

1. Name & Address of the Father-in-law :

2. Gothram of the Father-in-law :

b) If the applicant is **female**, please furnish the following details:

1. Name & Address of the Father :

2. Gothram of the Father :

c) Details of Native Place :

V. PAYMENT DETAILS

I enclose a Cheque / Draft bearing no. _____ dated _____ drawn on

(Bank & Branch Name) _____ in favour of

SHANKARA AGRAHARAM for Rs. 6,41,116/- (Rupees Six Lakhs Forty One Thousand One Hundred and Sixteen Rupees Only.)

VI. ENCLOSURES

a) Identity Proof : **PAN Card (Mandatory)** / Ration Card / Voter ID Card / Passport

b) Residence Proof : Telephone Bill / Electricity Bill

c) Photograph (Passport Size) : 2 Nos.

VII. DECLARATION

I confirm that all the details provided above are true & correct. Please enroll my name as a member and oblige. Any change in the furnished information will be intimated immediately.

Place :

Date :

Signature of the Applicant