

॥ वंदे श्री ऋषभं वीरं ॥

॥ श्री अंबिका माताय नमः ॥



# पोरवाल जैन परिषद (Regd.)

समस्त पोरवाल समाज की प्रतिनिधी संस्था

affix your  
passport size  
photograph

Muthaliya Residency, Dattaram Lad Path, Opp. Hakoba Centre, Kalachowky, Mumbai - 400033.  
Mobile : 9322510510, Landline : 022 4015 9867, • Email : porwaljain@gmail.com

Receipt No. (for off.use)

## MEMBERSHIP APPLICATION FORM

Existing Membership No. (if known)

Details to be filled in Block letter only

|  |   |                                   |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
|--|---|-----------------------------------|-----------------------|----------------------|---------|--------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------------------|-----------------|------------|--|--|----------------------|----------------------|----------------------|--|--|----------------------|---|---------|---------|--|----------------------|----------------------|-----------------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|--|--|----------------------|----------------------|----------------------|--|--|
| <b>Primary Applicant Details</b><br>प्राथमिक अर्जदार की जानकारी  | <table border="1"><tr><td>FIRST NAME</td><td>HUSBAND / FATHER NAME</td><td>GRAND FATHER NAME</td><td>SURNAME</td><td>GOUTRA</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>DATE OF BIRTH</td><td>ANNIVERSARY DT.</td><td colspan="3">MOBILE NO.</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td colspan="3"><input type="text"/></td></tr><tr><td>VILLAGE RAJ.</td><td>PALI <input type="checkbox"/> JALORE <input type="checkbox"/> SIROHI <input type="checkbox"/></td><td colspan="3">DIST</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td colspan="3">SPECIFY OTHERS DIST./ STATE</td></tr></table> | FIRST NAME                        | HUSBAND / FATHER NAME | GRAND FATHER NAME    | SURNAME | GOUTRA | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | DATE OF BIRTH                     | ANNIVERSARY DT. | MOBILE NO. |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |  | VILLAGE RAJ.         | PALI <input type="checkbox"/> JALORE <input type="checkbox"/> SIROHI <input type="checkbox"/> | DIST    |         |  | <input type="text"/> | <input type="text"/> | SPECIFY OTHERS DIST./ STATE |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| FIRST NAME   | HUSBAND / FATHER NAME   | GRAND FATHER NAME                 | SURNAME               | GOUTRA               |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>              | <input type="text"/>  | <input type="text"/> |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| DATE OF BIRTH  | ANNIVERSARY DT.   | MOBILE NO.                        |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
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| VILLAGE RAJ.   | PALI <input type="checkbox"/> JALORE <input type="checkbox"/> SIROHI <input type="checkbox"/>   | DIST                              |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| <input type="text"/>   | <input type="text"/>  | SPECIFY OTHERS DIST./ STATE       |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| <b>Permanent Residential Address</b><br>स्थायी आवासीय पता  | <table border="1"><tr><td colspan="5">FULL POSTAL ADDRESS. (In details)</td></tr><tr><td colspan="5"><input type="text"/></td></tr><tr><td colspan="5"><input type="text"/></td></tr><tr><td colspan="5"><input type="text"/></td></tr><tr><td>DIST</td><td>STATE</td><td>COUNTRY</td><td colspan="2">PINCODE</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>MOB NO.1 (FOR SMS)</td><td>MOB / TEL. NO. 2</td><td colspan="3">Email</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td colspan="3"><input type="text"/></td></tr></table>   | FULL POSTAL ADDRESS. (In details) |                       |                      |         |        | <input type="text"/> |                      |                      |                      |                      | <input type="text"/>              |                 |            |  |  | <input type="text"/> |                      |                      |  |  | DIST                 | STATE   | COUNTRY | PINCODE |  | <input type="text"/> | <input type="text"/> | <input type="text"/>        | <input type="text"/> |  | MOB NO.1 (FOR SMS)   | MOB / TEL. NO. 2     | Email                |                      |  | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |  |                      |                      |                      |  |  |
| FULL POSTAL ADDRESS. (In details)  |   |                                   |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
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| <input type="text"/>   |   |                                   |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
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| DIST   | STATE   | COUNTRY                           | PINCODE               |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>              | <input type="text"/>  |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| MOB NO.1 (FOR SMS)   | MOB / TEL. NO. 2  | Email                             |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>              |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| <b>Business Address</b><br>व्यावसायिक पता  | <table border="1"><tr><td colspan="5">NAME OF THE FIRM</td></tr><tr><td colspan="5"><input type="text"/></td></tr><tr><td colspan="5">FULL POSTAL ADDRESS. (In details)</td></tr><tr><td colspan="5"><input type="text"/></td></tr><tr><td colspan="5"><input type="text"/></td></tr><tr><td>DIST</td><td>STATE</td><td>COUNTRY</td><td colspan="2">PINCODE</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>MOB NO.1 (FOR SMS)</td><td>MOB / TEL. NO. 2</td><td colspan="3">Email</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td colspan="3"><input type="text"/></td></tr></table>   | NAME OF THE FIRM                  |                       |                      |         |        | <input type="text"/> |                      |                      |                      |                      | FULL POSTAL ADDRESS. (In details) |                 |            |  |  | <input type="text"/> |                      |                      |  |  | <input type="text"/> |   |         |         |  | DIST                 | STATE                | COUNTRY                     | PINCODE              |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  | MOB NO.1 (FOR SMS)   | MOB / TEL. NO. 2     | Email                |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |  |
| NAME OF THE FIRM   |   |                                   |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
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| <input type="text"/>   |   |                                   |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| <input type="text"/>   |   |                                   |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| DIST   | STATE   | COUNTRY                           | PINCODE               |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>              | <input type="text"/>  |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |
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| <input type="checkbox"/> MAILING ADDRESS FOR SANKALPBAL NEWSPAPER : RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> |   |                                   |                       |                      |         |        |                      |                      |                      |                      |                      |                                   |                 |            |  |  |                      |                      |                      |  |  |                      |   |         |         |  |                      |                      |                             |                      |  |                      |                      |                      |                      |  |                      |                      |                      |  |  |                      |                      |                      |  |  |

