

MEMBERSHIP FORM

J P GARDEN ESTATE RESIDENT WELFARE ASSOCIATION - MOHAN NAGAR,GHAZIABAD (UP)

(Kindly download this form, fill it up, and submit it in RWA office along with the membership fee)

Paste Your Photograph
Here

Particulars of residents

Flat No.	Date:
<u>OWNER:</u>	<u>TENANT:</u>
Name:	Name:
Phone No.(O) (R)	Phone No.(O) (R)
Date of marriage anniversary:	
Residential address	Residential address
Occupation	Occupation
Office address	Office address
Permanent address	Permanent address

Particulars of family members residing with:

Sl.No.	Name	Sex	Age	Relation	Blood group

If flat is on rent then name of property dealer.....

Registration No. Of your car.....

Registration No. Of your two wheeler.....

Do you have a full time servant: Yes/No Phone No.

Name of servant:

Whether Police varification of the servant done: Yes/No

In case of emergency, whom to contact/Name: Ph.No.

Declaration:

Certified that I under take to abide by the rules & regulations of the J P Garden Estate residents welfare association. The above particulars are true to the best of my knowledge. In case any information found false/doubtful before or after registration my candidature may be cancelled & the association is free to take any action against me. While accepting any short/long term assignment, I will work as an independent body. Neither the association will be responsible for my doings nor answerable to me.

Date:

Place:

Signature of owner

Signature of occupant