



SRI JAGANNATH SEVA SAMITI

Sri Jagannath Temple

Dock East Boundary Road, C.P.T. Compound, Kidderpore, Kolkata - 700023. Phone : 2459-1500



MEMBERSHIP FORM

PATRON

PIOUS

DEVOTEE

FAMILY

LIFE

1. Name of the Applicant
(in block letter) Surname Middle Name First name
2. Father's Name/Spouse Name
3. Permanent Address
4. Residential Address.....
..... Phone No.....
5. Office Address.....
Ph. No..... E-mail
6. Mobile No.....
7. Date of Birth
Day Month Year
8. Date of Marriage
Day Month Year
9. Rashi
10. Gotra
11. Nationality
12. Puja/Prasad options proposed dates other then point (7) and (8).
Option -1
Day Month Year
Option - 2
Day Month Year
Option-3
Day Month Year
Option - 4
Day Month Year
Option - 5
Day Month Year
Option-6
Day Month Year
13. Importance of Proposed Dates
14. Marital Status (tick the appropriate) Married Unmarried
15. If Married (Name of Spouse)..... No. of Children
16. Educational Qualification (if any).....
17. Are you a member of any social/ cultural/ literary/ political organisation Yes No
If yes, specify the name, address of organisation and your designation (if any).....
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DECLARATION

I solemnly declare that the particulars given above by me are correct to my knowledge and belief and I will abide by the rule and regulations of Sri Jagannath Seva Samiti, Khidderpore.

Place :

Date :

Signature

FOR OFFICE USE ONLY

Membership No. Introduced by Amount received Rs.

Ch./Draft/pay order No..... Drawn on..... Payable at.....