



कानूनी सहायता केन्द्र Kanooni Sahayata Kendra

"an initiative to provide legal advice, legal help/assistance to the weaker sections"

Paste Your
Recent
Passport Size
Color Photo

Form No.

MEMBERSHIP APPLICATION FORM

Please use BLOCK Letters only.

- Name of Applicant
- Father's/Mother's/Guardian's Name
- Date of Birth (DD/MM/YY) Blood Group
- Gender : Male ☐ Female ☐ 5. Marital Status : Single ☐ Married ☐
- Educational Qualification 7. Occupation
- Nominee
Guardian's Name Relation with Applicant
- Nominee of the Nominee
Guardian's Name Relation with Nominee
- Applicant's Address for correspondence :
Village/Mohalla
Panchayat/Ward
PO PS
Block District
PIN State
- Applicant's Permanent Address
Village/Mohalla
Panchayat/Ward
PO PS
Block District
PIN State
- Contacts
Residential Tel (with STD Code)/Mobile
Official Tel (with STD Code)/Mobile
Personnel Tel (with STD Code)/Mobile
e-mail :

DECLARATION

I, wish to become a Member of **KANOONI SAHAYATA KENDRA**. I will abide by the Rules and Regulations of **KANOONI SAHAYATA KENDRA** and will serve the humanity to the best of my ability without any profit motive. I will conduct myself with highest personal ethics and integrity. I have never been convicted by any Court of law in India or charged

with crime involving moral turpitude, or dishonesty. I have not been adjudged as an insolvent by any court. Providing Social Service is my sole motto. It will be my priority to awaken & empower people of all sections (especially weaker sections) about the various laws and regulations related to their safety/dignity. It will be my constant endeavor to extend legal aid support to people of all sections (particularly those who can't afford it on their own) apart from awakening them on legal matters.

I will always follow the objectives and intent of the organization both in letter and spirit with due regard to guidance and advice of the Senior Office Bearers.

I shall be held squarely responsible for incomplete/wrong declaration in the Membership Application Form. Any action initiated against me in this respect will be acceptable to me. I will not seek refund or adjustment of Membership Fee in case of any action initiated against me with respect to any of my activities against the organization. The decision of the organization will be acceptable to me and I will obey and carry out such decision(s) sincerely and to the best of my ability.

Place :

Date :

Applicant's Signature

Enclosure

1. Recent Color Passport Size Photograph : 3 pcs
2. **Proof of Identity** (Voter I. Card / PAN Card / Driving Licence / Recommended Institutional I.D. Card / Passport etc.)
3. **Proof of Address** (Adhar Card / Ration Card / Recent A/c Statement of Bank Passbook/Electricity Bill / Latest Telephone Bill of Landline/Latest Gas Bill / Rent Agreement of Residence / Others)
4. **D.D / Cheque** of yearly membership fee (for **Student Member** 500/=-, **General Member** 1000/=-, **Active Member** 5000/=-, **Special Member** 10000/=- and **Institutional Member** 20000/=-) in favour of **KANOONI SAHAYATA KENDRA** OR you can pay your membership fee and transfer your valued donation through following **UPI QR Code** :
5. Character Certificate.
6. Photocopy of Educational Certificates.



For Official Use Only

Panchayat / Block / District / State & National Level Committee.

Recommended by

Note :

If any queries, you feel free to contact @

e-mail :

Web : www.kskindia.com

President/Secretary/Other Officials
(Name and Signature with Designation and Stamp)