

Date.....

DELHI DEVELOPMENT AUTHORITY

PASCHIM VIHAR SPORTS COMPLEX A-6, PASCHIM VIHAR, NEW DELHI-110063 **ASSOCIATE MEMBERSHIP APPLICATION FORM** Attach Colored **Passport Size** Photo

FOR OFFICE USE										1.1	19	
1. MEMBERSHIP NO. AM		2. [DATE (F MEM	BERSI	HIP []/[
1. ENTRY FEE RS			4. APPLICATION NO									
I wish to apply for Associate Member	ship of the	e Sports	Comp	lex. The	partio	culars	are g	iven b	elow.			
5. NAME OF THE APPLICANT (Block Letters)					П				П	П		
6. NAME OF THE MEMBER		T								T		
7. MEMBERSHIP NO												
8. RESIDENTIAL ADDRESS				11	Т		П		T	\Box		
o. Neologivina, vojakao										П		
PIN CODE				PHONE								
		E-mail										
9. OFFICE ADDRESS										П	T	
PIN CODE				PHONE						100		1
				E-mail								I
10. OCCUPATION	S-5	SERVICE,	B-BUS	SINESS, I	P-PRO	FESSI	ON, C	O-OTH	ERS			
11. DETAILS OF OCCUPATION			П		TI		T			I		TT
DESIGNATION/POSITION	Teleper.											
12. DATE OF BIRTH	/[/		13	. SEX	Ш	M-M	ALE, F	-FEMA	LE,	О-ОТ	HER
14. MARITAL STATUS	M-	-MARRIE	D, S-S	INGLE, [D-DIV	ORCEE	, W-\	NIDO'	W/WI	VOC	VER	
15. NATIONALITY	1-11	NDIAN, F	-FORE	IGN							. V	
16. EDUCATIONAL QUALIFICATION							Ш		Ш			Ш
17. I enclose here with Demand Draft	. No	d	lated		dra	wn or	١			in	favo	ur of
"CAU SPORTS, DDA" for an amount of R												
(This is applicable when not paying by D												
18. UNDERTAKING							4 - 1					
❖ All information furnished above	are corre	ct Howe	ver m	v annlica	ation f	orm is	liabl	e to b	e reie	rted	if de	tails
found to be incorrect.	. are corre	ct. Howe	vc1, 111	y applied	1011	01111113	na.	c 10 5	c . c,c.			
I have read the rules and regulat	ions contai	ined in th	e Broc	hure and	l unde	rtake t	o abio	de by t	he san	ne.		
				•••••			••••••	•••••				
FOR OFFICE USE ONLY: -	<u>A</u> DELHI DE	CKNOWL			v		Appli	cation	No			
PASCHI	M VIHAR SI											
				Annlie	notion	for Ac	oooio	o mor	nhorsh	in of	F DV/S	
Received from Mr./Ms./Mrs(Rupees									only	() in t	the fo	rm of
Demand Draft NoDt	Dra	awn on			i	n favo	ur of	"CAU	SPO	RTS.	DD/	'' or
pay through Debit or Credit Card and U	면.											
Date					(Signa	ture of	the F	Receivi	ng Cle	rk wi	th Sta	amp)

Note:

Please attach the following documents with the form:-

- Request letter from primary member for grant of Associate Membership to his/her dependent member.
- 2. Two passport size colour photographs.
- 3. Bank Draft for Rs.13810/- in favour of "<u>CAU SPORTS, DDA</u>" on account of non-refundable entry fee including GST or pay through Credit or Debit Card.
- Cheque/Bank Draft in favour of "<u>CAU SPORTS, DDA</u>" on account of monthly subscription fee Rs.3000/-including GST preferably for one year.
- 5. Surrender of dependent membership card.
- 6. Clearance of payment of monthly subscription from Accounts Branch in respect of member.
- 7. Proof of date of birth.



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पश्चिम विहार खेल परिसर PASCHIM VIHAR SPORTS COMPLEX

(कृप्या बड़े अक्षरों में भरें) (Please fill the details neatly in BLOCK LETTERS only)

सदस्य का नाम : Member's Name	जन्म Date o	u murt u murt Affix	
		Photograph here	
सदस्यता संख्या :	व्यव	(Do not stapple)	
Membership Number	Profes		
स्पाउस का नाम : Spouse's Name	जन्म Date c	tromhé largou un triadus pr Affix Photograph here Do not stapple)	
आश्रिलों के नाम Dependent's Name	सम्बन्ध Relation	जन्म ਜਿथि Date of Birth	धारणोरं आएक फार विचयतः Affix
1			Photograph here (Do not stapple)
3.			पानकोई साइड का व विस्कार Affix Pnotograph nere (Do not stapple
0			
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आयेदक के हस्ताक्षर Signature of the Member		जांचकती एवं प्राप्तकर्ता Checked & Received By	Photograph here (Do not stapple)
सदस्यता- संख्या		जन्म तिथि	S AZING MICHA NAGAN BAGAN RIBAN KINAN KINAN ANAMA MININ RIBAN ANAMA
Membership No			
सदस्य का नाम Name of Member स्पाउस का नाम Name of Spouse			
आश्रित	सम्बन		5 15
Dependents		ionship	Dute of Birth
1			
3	recorded environment reason		
4			
सदस्यता कार्डो की मांग Requirement of Cards-Nos			प्राप्तकार क हम्सारण Signature of the Receiving Clerk

Signature of the Receiving Clerk