दिल्ली विकास प्राधिकरण
DELHI DEVELOPMENT AUTHORITY
डी.डी.ए. खेल परिसर, सेक्टर–17, द्वारका
DDA SPORTS COMPLEX, SECTOR-17, DWARKA

S.No. .....

TENURE MEMBERSHIP OF 1/3/5 YEARS

Attach Coloured Photo (Size : 1"x1½") in duplicate

(a), (b) and (c) are for office use only.

(a) Membership No. _____

(b) Date of Membership D D M M 2 0 Y Y (c) Valid Upto D D M M 2 0 Y Y

1. Name (in Block Letters) _____
2. Gender Male ☐ Female ☐ Others ☐
3. Father's / Husband's Name _____
4. Residential Address _____ Pin ☐☐☐☐☐☐
5. Occupation ☐ S-Service, B-Business, P-Profession, O-Others
6. Office Address _____ Pin ☐☐☐☐☐☐
7. Date of Birth D D M M Y Y Y Y
8. Nationality ☐ I-Indian, ☐ F-Foreign (Please specify) _____
9. Marital Status ☐ M-Married, S-Single, D-Divorcee, W-Widow/widower
10. Telephone No. Residence _____
    Office _____
    Fax _____
    Mobile _____
11. Email _____

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S.No. .....

ACKNOWLEDGEMENT SLIP

Received from Mr. /Ms. /Mrs _____

application for grant of tenure membership.

Date D D M M 2 0 Y Y

Stamp.....

Signature of Receiving Clerk with Stamp

12. Spouse and Dependants details (If any wish to utilize the Sports Complex)

Spouse Name _____

Spouse Date Of Birth | D | D | M | M | Y | Y | Y | Y |

Details Of Dependants: (Who Wish To Use The Complex As Dependant)

Name _____

Relation* S-Son, D-Daughter, Date of Birth | D | D | M | M | Y | Y | Y | Y |

Name _____

Relation* S-Son, D-Daughter, Date of Birth | D | D | M | M | Y | Y | Y | Y |

Name _____

Relation* S-Son, D-Daughter, Date of Birth | D | D | M | M | Y | Y | Y | Y |

Name _____

Relation* S-Son, D-Daughter, Date of Birth | D | D | M | M | Y | Y | Y | Y |

Name _____

Relation* S-son, D-daughter, Date Of Birth | D | D | M | M | Y | Y | Y | Y |

13. I Wish to apply for Tenure Membership (Tick only one) ___ 3 Months ___ 1 Year ___ 3 Years ___ 5 Years

Note:

1. Children below 21 years and spouse can only be dependant members.
2. Attested photocopy of proof of date of birth must be attached in respect of self, spouse and children.
3. Two photographs of each to be attached.
4. Timing of submission of form on all working days except 2nd Saturday, Sunday & gazetted holidays - 10.00 am to 3.00 pm (except lunch hours - 1:30 pm to 2:00 pm)
5. Copy of PAN Card of the applicant to be attached.
6. Aadhar Card for the member and all dependants to be attached.

CERTIFICATE

1. The information furnished above is correct to the best of my knowledge.
2. I have read the rules and regulations of the Sports Complex and agree to abide by them in letter and spirit.

Date | D | D | M | M | 2 | 0 | Y | Y |

(Signature of Applicant)

प्रमाण–पत्र
CERTIFICATE

प्रमाणित किया जाता है कि श्री / श्रीमती.....के रूप में कार्य कर रहे / रही हैं और.....के नियमित कर्मचारी हैं तथा अपना वेतन भारत की समेकित निधि से प्राप्त कर रहे है ।

It is certified that Shri/Shrimati.....is working as.....and is a regular employee of..... and is drawing his salary from consolidate fund of India

हस्ताक्षर

SD/XXX.....

नाम

Name.....

पद

Appointment.....

(लेखाधिकारी श्रेणी–1)

(Class-1 Accounts/officer)

विभागीय आहरण एवं संवितरण अधिकारी

The Departmental/DOO

(मोहर)

(STAMP)