दिल्ली विकास प्राधिकरण
DELHI DEVELOPMENT AUTHORITY

S.No. .....

डी.डी.ए. खेल परिसर, सेक्टर–17, द्वारका
DDA SPORTS COMPLEX, SECTOR-17, DWARKA

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 _____

दिल्ली विकास प्राधिकरण
DELHI DEVELOPMENT AUTHORITY

S.No. 3287

डी.डी.ए. खेल परिसर, सेक्टर–17, द्वारका
DDA SPORTS COMPLEX, SECTOR-17, DWARKA

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)