



अखिल भारतीय श्री विश्वकर्मा महासंगठन^(R)

[]New / []Transferred Member Formalities

Branch Code: _____

Date: _____

Name: _____ Surname _____

Address: _____

_____ Vidhan Sabha _____

State _____ District _____ Pin Code _____

Date of Birth: _____ Aadhar Number: _____

Phone Number. _____ Blood Group _____

Alternate Contact Number (for Emergency): _____

Declaration: I have read all the membership norms on the website.
I am not a member of any other Society or Organization.

Sign

Please fill the above details and send to the local officer with a photo ID and clear photograph.

To be filled by the officer:

Number: VK -

Level of joining: National / State / District / Shakha

Lok Sabha / Vidhan Sabha / Parshad / Booth/PRO officer

Rank: _____ Designation: _____

Membership is for 5 years and valid from _____ to _____ (dates)

Officer please fill your details and forward all the above details duly filled to the Head Office IT Cell.

Officer Name: _____ Designation: _____

Officer ID: _____ Officer Signature: _____

(New numbers to be generated and filled by IT Cell)

Census Number: VK- _____ Registration Number: _____