

# পাঠ শ্রাবণ

অধ্যয়ন করে পড়ি

Run & Managed by :

No.-



## Kolorob Educational and Cultural Society

Registration No : S0000225 of 2018-19

Registered Office : NH 12, Amdanga, North 24 Parganas, Pin-743221

Contact No : 8276839380

E-mail Id : kolorobteam@gmail.com  facebook.com/kolorobecs

### Application Form for Membership

Applicant's Name (In Capital) : .....

Father's / Guardian's Name : .....

Permanent Address : .....

Present Address : .....

Date of Birth / Age : .....

Contact No : .....

E-Mail Address : .....

Occupation : .....

### Declaration

I, ....., do hereby declare that all the details furnished above are true to the best of my knowledge. I also promise to abide by all the Rules and Regulations of the Society.

Date : .....

Place : .....

\_\_\_\_\_  
Signature of the Applicant

### To be used by the Officials

Card No Allotted :

Date of Card Issuance :

Identity & Address Verified by :

Documents Attached :