



A Public Charitable Trust

\*\*\*\*\* MEMBERSHIP FORM \*\*\*\*\*  
PLEASE PRINT

\_\_\_\_\_  
(Individual's Name) (Date of Birth)

wishes to become involved in the work of "abha".

Tick the appropriate box.

- i. I wish to participate in the projects ☐  
ii. I wish to sponsor child's Education ☐ Number of Child \_\_\_\_\_

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (Postal Code) (State)

\_\_\_\_\_  
(Country) (Tele Phone Res.) (Mobile)

\_\_\_\_\_  
(E Mail) (PAN Number) (Occupation)

\_\_\_\_\_  
(Mailing Address)

Preferred Mode of correspondence: E-Mail: \_\_\_\_\_ Fax \_\_\_\_\_ Post \_\_\_\_\_

Please note:

There is a nominal fee for enrollment subject to annual renewal.

For further details please visit us at "abha.org.in" or mail us "abhaindia@rediffmail.com"

I certify that all informations given by me on this form are true and complete to the best of my knowledge. I agree to abide by all present and subsequent applicable policies and rules of abha. I understand that the keeping of confidentiality of information about assignment is required. I certify that any donation made by me is as per my will and is non refundable in nature.

\_\_\_\_\_  
(Date) (Signature)

Please return this form to  
"abha"

C/O Smt Shukla Banerjee

K 301 Green Valley, Phase II, 3rd Floor, Kaikhali Chiriamore, PO-R Gopalpur, Kolkata - 700136

Ph: +91-9432345525 Email: abhaindia@rediffmail.com

Website: "abha.org.in"

\*\*\*\*\*

For Office Use Only

Enrollment No: \_\_\_\_\_

\_\_\_\_\_  
(Signature)