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Membership Form SWASTISUKHAM CARE FOUNDATION

Membership Fee
For Doctors & Professionals Rs. 5000/-
For Volunteers & Students Rs. 3000/-

I desire to join SwastiSukham Care Foundation as life member in the category of:

Doctor & Professional

Volunteers & Students

1. Name: Age/Sex:.....

2. Residential Address:

.....

Pincode Mobile No.: Email.....

3. Office address

.....

Pincode Mobile No.: Email.....

4. Educational Qualification (along with proof):

5. Adhaar Number (along with proof):

6. Profession:

7. Interested in morning Health & Fitness Sessions for members Yes / No

Proposed by: Signature

Name:

(SSCF Membership Number)

UNDERTAKING: I agree to abide by the rules and regulations of the society and will not contribute in any activity which is likely to be detriment to SwastiSukham Care Foundation. I will work to the furtherance of the objectives of SwastiSukham Care Foundation.

NOTE: Cheque/Draft/NEFT/UPI may be drawn in favour of "SwastiSukham Care Foundation" payable at **IDFC FIRST Bank**, Branch-Kaushambi, Ghaziabad-201012 **A/c No: 10079668177 | IFSC Code: IDFB0020146** or Pay by scanning QR Code and share the screenshot

SWASTISUKHAM CARE
FOUNDATION



Approved/Not approved in GBM meeting held on:

..... Members / Associate Member

Signature (General Secretary)

SSCARE.06@CMSIDFC