MEMBERSHIP FORM

JUNE 5, 2010		For Office Use
DTKF		Received on:
Dr. Thingnam Kishan Impha	Foundation al – 795001	Enrolled on:
Ph. 08974715231, 09862		Membership No.
·		Category:
То		Receipt No:
DTKF Chapter Division	1*	Valid up to:
	g enrolled as a member of DTKF in my behalf of	<u> </u>
		(Name of
I have read the Memora	andum of Association and the Rules and	
I have read the Memora abide by them and to p time. I understand that will be final. I am herel	andum of Association and the Rules and ay the Admission Fee/Annual Subscript the decision of DTKF regarding my ap by submitting Cheque / DD No. /Cash/	tion as fixed from time to plication for membership
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Date:	Convenor's Name		Signature
Category of Membership Applied for (Tick one)		Affix here Photograph of	
Donor Life	Institutional		Applicant (only in case of Life Membership)
Salaried Individual	Student		wiemoersmp)
Particulars of the Applicant			
Name of applicant: Mr./Ms			
*Nationality:			
*Sex: Male / Female	*Date of Birth		
	DD	MM	YYYY
Address:			
City:			
Pin:	State:		
Telephone Off.		Code:	
Res:		Code:	
Fax:		E-mail(if any):	
*Educational Qualifications: * Profession:			
*Membership of Academic/pr	ofessional Organizations ((if any):	
In what way can you help DTI	KF:		
(Separate sheet can be used in (* To be filled in case of indiv	·)	
In the case of	of Institutional/ Corpora	te Donor/organiza	ations
Name of Organization:			
Registration No(Please enclose copy of Regi	aturation C. C. C. A. M.	Date:	-4:/A-4: 1 C
(Please enclose copy of Regin Association, Annual Report/		orandum of Associa	ation/Articles of

Applicant may f	urnish 2 specimen signatures below:
1.	
2.	
Change of address if Date	For Office Use any intimated by member on
Name:	
Address:	
Phone:	Fax:
E-mail:	

Note: Send the filled in application form to:

MANIPUR HEAD OFFICE ADDRESS:

Mr. Brojen Sinam Thangmeiband Sinam Leikai, Imphal West, Manipur Pin 795004 Phone-09862899517 Email- dtkf2010@gmail.com

DELHI BRANCH OFFICE ADDRESS (DTKF Delhi Chapter Division)

MR. THINGNAM SANJEEV Convenor Dr. Thingnam Kishan Foundation B-149 1st Floor, Gandhi Vihar Near Mukherjee Nagar

Telephone: 09650979368

E-mail- sanjeevthingnam@gmail.com

PS:-

1/ Cheque to be drawn in the name of "Dr. Thingnam Kishan Foundation (DTKF)"

2/ DD should be drawn in the name of "Dr. Thingnam Kishan Foundation (DTKF)", payable at Imphal

3/ Online Transaction:

Details of the bank account for online transfer: Name: Dr. Thingnam Kishan Foundation

Account no: 31221305376

State Bank of India Branch Code: 4562

I.F.S.C code: SBIN0004562

Branch: Imphal Secretariat Branch

Kindly E-mail us at dtkf2010@gmail.com, sanjeevthingnam@gmail.com the transaction Number with transaction remark with your name - Example : DTKF -...name...

Membership fees :

1/ Life time Membership - 5000/-2/ Salaried individual annual membership - 500/-

3/ Institutional

i) Life - 10,000/ii) Annual - 1000/-4/ Student - 100/-

5/ Donor — any amount