



# MONALISHA SOCIETY

## ■ Membership Application Form

Full Name :

Date of Birth

Paste Your Image here

Father's Name:

Present Address :

Date: .....

Phone Number :

Signature of Applicant: .....

E-Mail :

Educational Qualifications:

Social Activities :

Other Activities:

**Declaration: I hereby declare that the information provided above is true and correct to the best of my knowledge. understand that any false information may lead to rejection of this application.**

### Contact Details:

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