

Income Tax Dept. G.I.R. HQ III/32 (S-116/75-IV Dt:-11/6/1976)
PAN No. AAGTS 1590 M
80 G Certificate No. 80 G (5) / 675 / 09-10 Date 07/09/2010
Dt 07/09/2010 issued by Director of Income Tax (Exemption), Ahd.
Valid from Dt:- 01/04/2009 Onward

Panchayat : (O) 079 26460066
President : (M) 9825078946
Gen.Secretary: (M) 9426323491
Secretary : (M) 9924235423
Mobile:- 9512068559



سنڌي پنچايت ايلسبرج، احمد آباد
Sindhi Panchayat Ellisbridge Ahmedabad

2-3 Satyam App, Jai Gujarat Fruit Lane, Opp:-Ashavmegh Elligance II, Ambawadi, Ellisbridge, AHMEDABAD.
380006. (Gujarat)
website:- www.sindhipanchayat.in
Email:- info@sindhipanchayat.in

LIFE MEMBERSHIP FORM

Receipt No	Date:-	No:-						
<p>I desire to be the member of SINDHI PANCHAYAT ELLISBRIDGE, Ahmedabad, kindly admit me as member of the panchayat. I have read the rules and regulations of the panchayat and accept the same. I give here below my family details.</p>								
<p>1 Full Name Mr / Ms _____</p> <table border="1"><thead><tr><th>Surname</th><th>Name</th><th>Father's Name</th></tr></thead><tbody><tr><td colspan="3"><p>2 Date Of Birth _____</p><p>3 Nature of Business / Profession _____</p><p>4 Residence Full Address _____</p><p>Pin No _____</p><p>Tele Residence:- _____ Mobile No:- _____</p><p>Email:- _____</p><p>5 Business / Office Address _____</p><p>Pin No _____</p><p>Tele Office:- _____ Mobile No:- _____</p><p>6 Name of Spouse _____</p><p>7 Children Name _____</p><p>Name of Sons _____</p><p>Name of Daughters _____</p></td></tr></tbody></table>			Surname	Name	Father's Name	<p>2 Date Of Birth _____</p> <p>3 Nature of Business / Profession _____</p> <p>4 Residence Full Address _____</p> <p>Pin No _____</p> <p>Tele Residence:- _____ Mobile No:- _____</p> <p>Email:- _____</p> <p>5 Business / Office Address _____</p> <p>Pin No _____</p> <p>Tele Office:- _____ Mobile No:- _____</p> <p>6 Name of Spouse _____</p> <p>7 Children Name _____</p> <p>Name of Sons _____</p> <p>Name of Daughters _____</p>		
Surname	Name	Father's Name						
<p>2 Date Of Birth _____</p> <p>3 Nature of Business / Profession _____</p> <p>4 Residence Full Address _____</p> <p>Pin No _____</p> <p>Tele Residence:- _____ Mobile No:- _____</p> <p>Email:- _____</p> <p>5 Business / Office Address _____</p> <p>Pin No _____</p> <p>Tele Office:- _____ Mobile No:- _____</p> <p>6 Name of Spouse _____</p> <p>7 Children Name _____</p> <p>Name of Sons _____</p> <p>Name of Daughters _____</p>								
		Pass Port Size Photo of Member						
		Pass Port Size Photo of Spouse						
<p>Signature Of Applicant _____</p>								
<p>I hereby recommend that Shri _____ be enroled as member of SINDHI PANCHAYAT ELLISBRIDGE, Ahmedabad</p>								
<p>Ahmedabad Date _____</p>		<p>Signature _____</p>						
<p>For Office Use Only</p> <p>Shri _____ be admitted as life member of SINDHI PANCHAYAT ELLISBRIDGE, Ahmedabad approved vide managing committee Resolution dated.</p> <p>Date _____ Secretary _____</p>								

Rules for Life Membership of Sindhi Panchayat Ellisbridge

- 1 The person should be staying on western side of Sabarmati river in Ahmedabad city.**
- 2 The new member should be recommended by existing member.**
- 3 Life membership admission will be subject to approval of managing committee.**
- 4 Present life membership fee is Rs:- 2500/- including admission fee Ra:- 100/-.**
- 5 Life membership is valid for life of member and spouse.**
- 6 I have read & Agreed to the terms & Conditions of Life membership of Sindhi Panchayat Ellisbridge.**
- 7 For any query, contact us by email: secretary@sindhipanchayat.in**

