

# Volunteer's Registration Form

Reg. no. ....

Date.....

Volunteer's Name:-----

Father/Husband Name:-----

Date of Birth:-----

Gender: ----- Male /Female----- City-----

Qualification:-----

Occupation:-----

Address:-----

-----Pin code No.-----

Contact No.:-----

Emergency Contact No. -----

E-mail:-----

Date of Joining:-----

Why Join Us:-----

**IDENTIFICATION DOCUMENT:** Aadhar No. /Pan No. /Driving License/Passport No.

## DECLARATION

I------(S/O, D/O)-----Wish to be a part of the Buddhaanjali Foundation Trust and promise to work as per the principles and norms of the society and for the welfare of the people. So, please enroll me as a working member of your society. I will present on all events and meetings conduct by the society and will be answerable on absence.

## IMPORTANT NOTE

- ❖ I hereby also declare that if ever got found indulged in any illegal or antisocial activity, my membership will be cancelled.
- ❖ Please attach a copy of Identification document( Self attested)

Volunteer's Signature

Authorized Signature

**BUDDHAANJALI FOUNDATION (T) G/F G-6 ROYAL GARDEN AVANTIKA II GHAZIABAD UTTAR PRADESH 201015**

Reg. No. : GZB/988/19/03/2020 PAN No. : AAETB0789K Web- www.buddhaanjali.com E-mail- volunteer@buddhaanjali.com

Contact No. +91-9310249840, Whatsapp No. : +91-9310273155