

Serial No
DATE:



REG. NO: S/35603 OF 1982-1983 UNDER WEST BENGAL ACT. NO.XXVI OF 1961

Village: TEGHARI PO. MADANPUR, Dist. NADIA, WEST BENGAL,INDIA, PIN 741245

MANAS MEMBERSHIP FORM

Name

Date of Birth

Address for communication

.PASSPORT SIZE PHOTO

Marital Status

Phone No.

Academic Background

Professional Information & area of expertise/special aptitude

Areas of Interest

Why I wish to be a Member of MANAS (Mention if you have a mental patient among your near and dear ones. Attach separate sheet if necessary)

DECLARATION

I am aware of the rules of Membership of MANAS and hereby promise to associate myself with the activities in at least one of the capacities; as a donor or fund raiser (Rs.....p.a.) / as a Member of the monthly Club / as a Trainee or Trainer in Psychiatric Social work / as a Team member Vocational Training School / member of Manas Band /Green Soil activity / others....

Endorsed by:

Signature of the Applicant

Date:

FOR OFFICIAL USE ONLY

The application for Membership was placed in E. C. meeting on..... and in the AGM on.....resolved that he / she be accepted as a Member of MANAS effective from.....The category of membership is.....

Secretary
Date

President
Date