



# Saathiya Foundation

(NGO)

website: [www.saathiyafoundation.org](http://www.saathiyafoundation.org)  
[www.saathiyafoundation.com](http://www.saathiyafoundation.com)  
email : [sathiya.foundation@gmail.com](mailto:sathiya.foundation@gmail.com)

Registration No: 1189/5577/1-174457

Helping Hand,,,,,,

## VOLUNTEER REGISTRATION FORM

*A chance to do something for society and awaken your soul and feel great.  
The joy and satisfaction of bringing smile to the others through our organization.*

Paste your recent  
colour photograph  
And sign it

Reg. No.: \_\_\_\_\_

Date: \_\_\_\_\_

NEW

RENEWAL

CHANGE FOR DIRECTORY

Full Name Mr./Mrs./Miss: \_\_\_\_\_

Father's /Husband Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_Yrs Gender  Male  Female

Marital Status:  Married  Single Blood Group: \_\_\_\_\_ Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_ Student: \_\_\_\_\_ Organization: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Prior Experience/Expertise in Social Activity (If Any): \_\_\_\_\_

Why do you want to join our NGO? : \_\_\_\_\_

How much Time you contribute for NGO:  Daily  Once in a week  Once in a Month  On Event

If you would like to make a donation to our NGO, please Use this section:

Rs.....By Cash/Cheque/DD No: .....Dated.....in the Favour of *Saathiya Foundation payable at Uttar Pradesh.*

Account Name : Saathiya Foundation,

Account No : SB-710910110002474

IFSC Code : BKID0007109, MICR Code: 110013120

Branch Name : Bank Of India, Gaur Gravity, Shop No. 9-10, Sector 4 , Vaishali Ghaziabad, UP, Pin : 201010

Thank you so much for your support!

### **Declaration:-**

I..... (Name), declare that all the information furnished in this form is true to the best of my knowledge and belief. I have read the terms and condition and rules. And I will abide by them and work in the interest of the organization. My membership can be cancelled by the chairman without assigning any reason if my activities or conduct are deemed unfit for the organization or for any other reason. By signing this document I agree to be part of this organization and work for it and ready to obey and follow orders task assigned by the core group under leadership of chairman & founder Dr. Preeti Verma.

Date: - \_\_\_\_\_

Place: - \_\_\_\_\_

Signature of applicant

Signature of the Chairman with Seal \_\_\_\_\_

Note:- One copy of ID and Address Proof is required for registration.

Kindly send the duly filled-in Form at the following address:-

### ***Contact Us***

Project Office : 5/169, Vaishali, Ghaziabad, U.P. Pin :201010 Reg. Office : 2/167, Vishal Khand, Gomti Nagar,Lucknow,U.P.Pin: 226010

Branch Office : 1/74, Vikash Churaha, Gola Gokarana Nath (Kheri) U.P. Pin :262802 Phone No : 0120-4376645, 09599205591, 09532070533