

ESTD. 1970

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## NATIONAL FEDERATION OF THE BLIND INDIA

### राष्ट्रीय दृष्टिहीन संघ भारत

Plot No. 21, Sector VI, Press Enclave Road, Pushp Vihar, New Delhi-110017

## MEMBERSHIP FORM

1. NAME (IN BLOCK LETTERS) .....
2. DATE OF BIRTH .....
3. FATHER'S/HUSBAND'S/GUARDIAN NAME .....
4. MARTIAL STATUS .....
5. SEX .....
6. QUALIFICATION .....
7. OCCUPATION .....
8. CATEGORY            BLIND/    SIGHTED/    LOW-VISION/    OTHER DISABILITIES
9. PRESENT ADDRESS .....
- .....
10. PERMANENT ADDRESS .....
- .....
11. MOBILE .....
12. E-mail Address .....
13. Sponsored by .....
14. Has your membership ever been suspended; if yes give details .....

### DECLARATION

I, \_\_\_\_\_ hereby declare that the above facts given by me are true and correct. I further declare that I have read the terms and conditions of membership of the Federation contained in the byelaws of the Federation and I fully agree with terms and conditions. I further declare that I shall devote myself for the Federation from time to time at the need. I also declare that I shall participate in the activities of the Federation and shall abide by the provisions of byelaws of the Federation.

Place .....

Date .....

Signature/LTI/RTI

#### NOTE: -

1. All members except company members are required to pay membership fee of ₹ 50/- and admission fee ₹ 20/-. The Membership shall be renewed every year from April to June by paying ₹ 50/-.
2. Disability certificate shall be enclosed with the application form alongwith photograph.
3. Proof of address and age has to be enclosed with the application form.
4. Company members are required to pay ₹ 1000/- in the beginning as donation to the Federation and their annual subscription will be ₹ 250/-
5. Company members do not require to fill column number 2-7.