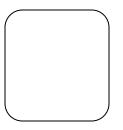


ST. JOHN AMBULANCE (INDIA) VADODARA DISTRICT CENTRE



G. N. Hakim Red Cross Building, Opp. Police Parade Ground, Raopura, Vadodara Phone: (0265)2413382 Website: www.redcrossvadodara.org

General Information						
Surname:			Name:			
Father Name:			Mother Name:			
Gender: $M \square F \square$ Date of Birth (DD/MM/YYYY)			:	Age:		
Address:						
City: State:		State:		Postal Code:		
•		Cell Phone:			Work Phone:	
E-mail Address:				Blood Group:		
Qualification: Profession:						
Pan Card No.:						
Aadhar Card No. :						
Area(s) of Interest						
Please rank your preferences (1st choice, 2nd choice etc.)						
	Direct Service to Clients	Clerical/Adr	ninistration		Training/Facilitation	
	Fundraising	Projects/Re	search		Special Events	
	First Aid Services	Presentation	ns/Public		Disaster Management	
		Speaking				
Other (Please Specify):						
Please Attach:						
* Two Color Passport Size Photographs.						
* Copy of Pan Card (Self-Attested)						
* Copy of Aadhar Card (Self-Attested)						
Proposer Seconder						
Proposer Seconder Life Member IRCS, Vadodara (Signature of Member)						
	Life Member 11.63, Vauduara (Signature di Member)					
FOR OFFICE HOP ONLY						
FOR OFFICE USE ONLY						
Name of Applicant: Life Membership Fees: ₹ 500/- (Rupees Five Hundred Only)						
Paid by Cash/Cheque No./NEFT Ref./D.D. No.:						
Bank Name: Date:						
	ipt No.:		Date:			
The competition Dutc.						
The Life Membership is here by approved as per constitutional norms.						
					Honorary Secretary	