

INTERNATIONAL IUMAN RIGHT COUNCIL

(Incorporated Under the Legislation of gov. of India)

Membership Application Form

(Use CAPITAL LETTERS with Ball Pen)
(The applicant should study carefully the rules for enlistment and the list of document to be attached with the application form before filling up. Application found any defect in any respect is liable to be rejected without any further correspondence)

| CATEGORY : | | | | | | | | | | | FORM No.: | | | | | | | | | | | | | | | | | |
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| ID No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father's Name: | | | | | | | | | | | | | T | | | | Ť | Ì | Ť | | | | | | | opies t or s | of tamp | |
| Sex: | M F DOB: D D M M Y Y Y Y Blood Group: | | | | | | | | | | | | | | | size photo with the application) | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Contact: | Tele | pho | ne N | No. | | | | | | Ì | Ī | Ì | Ì | Ì | Ī | | | | | | | • | | | | | | |
| | Мо | bile | N | | | | | | | | | | | | | | | | | (Applicant's Sign) | | | | | | | | |
| | E-N | /lai | l I | D: | | | | T | | | | | | | | Ī | | | | | | | | | Τ | | | |
| Profession: | | | | | | | <u>'</u> | | <u>'</u> | | <u> </u> | | | | | | | | | | | | | | | | <u> </u> | |
| Educational Qualif | icati | on: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Activities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Attached | Pho | to ID | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documents: | Add | ress | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Edu | . Qua | alific | atio | n Ce | n Certificate: | | | | | | | | | | | | | | | | | | | | | | |
| If any person working with the applicant is near relative of the officer/official HUMAN RIGHTS ORGANIZATION: Y N | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes give details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the information given above is true to the best of our knowledge. I understand that if any information is found incorrect my enlistments liable to be cancelled. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | Signature of applic | | | | | | | | | | | | | | lica | ınt | |
| (Witness Name | & Ac | ddre | ss) | | | | | | | | | | | | | | | | | | | | | | | | | |
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