KADALASIRI YUTH CLUB

SANGATHAN YOUTH CLUB AFFILIATION ()/UPDATION () FORM									
tick the relevan	t box)			Form no					
			_						
State:	District:		Block:						
2. Address : V	illage/Ward	Gram Pa	nchayat	Email					
3. Establishment detail of Club:									
a. Date of Establishment : (/ /)									
b. Whether Re	egistered : Yes	() No()							
If "Yes"	"								
i. Regd. N	No. (as per Soci	eties Registratio	on Act 1860 or a	ny other State					
/ ==									
	_		$/_{}$) and a	ttach certificate	;				
	are of Youth Cl								
a. Does the Club has its office in the village									
(Please √ tick the right box): Yes () No ()									
	pe of Office (Pl		,						
ū	* * * * * * * * * * * * * * * * * * * *	` '	of Village Asset	` '	• ,				
	ip Details of Yo	outh Clubs: (In	dividual Office	Bearers and Me	embers)				
Name:									
Father's Name	2:								
Date of Birth:									
Skills:									
Mobile:									
Aadhar No.:									
E-mail:	1			<u></u>					
Gender	Category	Educational	Occupation	Blood	Designation				
(M/F)	(General /	Qualification	(Unemployed	Group	in Youth				

Category	Educational	Occupation	Blood	Designation
(General /	Qualification	(Unemployed	Group	in Youth
SC/ST/	(10th or	/ Service/		Club
OBC/	Less, 12th,	Agriculture/		(President /
Minority/	Graduate,	Business)		General
Physically	Post			Secretary or
Challenged)	Graduate)			Member)
	(General / SC/ST/ OBC/ Minority/ Physically	(General / Qualification SC/ST/ (10th or DBC/ Less, 12th, Graduate, Physically Post	(General / Qualification SC/ST/ (10th or / Service/ OBC/ Less, 12th , Agriculture/ Minority/ Graduate, Physically Post (Unemployed / Service/ Agriculture/ Business)	(General / Qualification SC/ST/ (10th or / Service/ OBC/ Less, 12th , Agriculture/ Business) Physically Qualification (Unemployed / Service/ Agriculture/ Business)

6. Whether the Youth Club has ever received Financial Assistance (Grant in Aid) from any other agency (Please √tick): Central Govt. () State Govt. () Other Agency ()

7. Whether Club is maintaining its account (Please √ tick): Yes () No () If "Yes":								
Account maintained in (Please √ tick): Bank () Post office () and Account No								
8. Whether the Youth Club has its Memorandum of Association (MoA)/ By Laws: Yes								
() No () If "Yes" enclose the Photocopy of MoA.								
9. Area of Activities of Club :								
10. NYKS Activities you would like to participate in : () Sports ()Culture ()Adventure ()Skill Training ()Life Skills Education ()Leadership & Development ()Other (Please specify)								
DECLARATION								
I hereby declare that the above information provided is correct and true. In this regard, the evidence can be produced and would be open for physical verification by								
Kadalasiri youth club and designated person. It is certified that the Club has								
Male andFemale membership as on date.								
Place: Signature of Youth Club								
Date: President / General Secretary								