

SOCIETY REGISTRATION CHECKLIST

NAME OF THE ASSOCIATION	
TOTAL NO.OF MEMBERS IN THE SOCIETY	
ALL MEMBERS NAME & ADDRESS	
SOCIETY ADDRESS	
MOA , BYLAW	
EMAIL ID	
PHONE NO.	
NAME OF APPLICANT	
PHOTO OF APPLICANT	
ID PROOF OF ALLPICANT	
OCCUPATION OF MEMBERS	
DATE OF SOCIETY FORMATION	
WARD NO	
PANCHAYAT	
BLOCK	
LOCAL BODY	