

TRIVENI NIDHI LIMITED

Corporate Identity No. U65999UP2017PLC089064

Regd. Off. - 11 B/1A/2 Lala Ram Narayan Lal Road, Bank Road Katra, Allahabad

Mob. : 9453602403

(For Office Use only)

Membership No.

Date/...../.....

If you are already registered member then fill your Membership No.

MEMBERSHIP APPLICATION FORM

To
The Board of Directors,
TRIVENI NIDHI LIMITED
11 B/1A/2 Lala Ram narayan Lal Road,
Bank Road Katra , Allahabad, (U.P.), India 211002

Dear Sir/Madam

I we hereby apply you for and Membership Application in your organization, I agree
to pay valuable amount for Membership fee @ 100/- for each Member

Self Attested
Photographs

Signature or
thumb impression

APPLICANT DETAILS (Please Fill in हिन्दी/English)

Application Name : D.O.B..... Sex ☐ ☐
(आवेदक का नाम) (जन्म तिथि) (लिंग)

Father's/Husband Name :
(पिता/पति का नाम)

Mother's Name :
(माता का नाम)

Occupation: Business ☐ Govt. Service ☐ Pvt. Service ☐ Agriculture ☐ Others

Present Address :
(वर्तमान पता)

City (शहर) State (राज्य) Pin (पिन)

Pan No. (पैन नं.) Mobile No. (मोबाइल नं०)

Nominees Name (नामांकित व्यक्ति) Age (उम्र) Relationship (सम्बन्ध)

Address (पता)

MEMBERSHIP FEE

Membership fee in Figure ₹

Total Valuable Amount in words

(Authorized Signatory)

(Applicant Signature)