



SHRAMJIVI GOODSHED WORKERS MANAGEMENT CORPORATION LIMITED

(CIN No. U88900MH2025PLC458916)

R5, 430 , 4TH Floor , Asmi Industrial Complex, Near Ram Mandir Station , Ram Mandir Road ,
Goregaon West Mumbai – 400104 , Maharashtra

Phone: 097683 72509, 079086 01245 | Email - shramjivigoodshedltd@gmail.com

FORM NO: SGWC/EAST/000023

APPLICATION FORM FOR REGISTRATION

PART 1

DESIGNATION	WORKER		
FULL NAME	Kokil Kanta Gogoi		
FATHER NAME	XYZ		
DATE OF BIRTH	N/A	GENDER	N/A
CATEGORY	N/A	BLOOD GROUP	N/A
MARITAL STATUS	Un-Married		
CONTACT NO	N/A	EMAIL ID	N/A
COMMUNICATION ADDRESS	N/A		
PERMANENT ADDRESS	N/A		

PART 2

AADHAAR NO	N/A	PAN CARD NO	N/A
E-SHRAM NO	N/A		
A/C HOLDER	N/A		
BANK A/C NO	N/A		
IFSC CODE	N/A	BANK NAME	N/A
EDUCATION	N/A		

DECLARATION BY APPLICANT

I, Kokil Kanta Gogoi, hereby declare that all information given above is true and correct to the best of my knowledge and belief. I further affirm that this declaration is made in sound state of mine and good health without any peer & pressure or any undue influence. I understand that providing false or misleading information may lead to cancellation of my application or legal action as per company rules.

APPLICANT SIGNATURE

FOR OFFICIAL USE ONLY

ZONE: EAST

DIVISION: N/A

MEMBERSHIP DATE:

SHED:

VERIFIER NAME & SIGNATURE:

(Name & Signature with Date)

APPROVER'S SEAL & SIGNATURE

(Seal)
(Signature)