



SHRAMJIVI GOODSHED WORKERS MANAGEMENT CORPORATION LIMITED

CIN- 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

APPLICATION FORM FOR REGISTRATION/ IDENTITY CARD

FORM NO.:

IF PROFILE ID IS NOT AVAILABLE THEN SELECT/GIVE APPROPRIATE CAUSE

1. Already applied: 2. Not applied: 3. New applied: 4. Others:

ZONE:

Division:

Please affix

Passport Size

Recent

Photograph

Membership Date:

Shed:

Name:

Designation:

Mobile No:

Correspondence Address:

F/H Name:

D.O.B: Married Un-Married

Blood Group:.....

Category:(UR/SC/ST/OBC)

Permanent Address:

.....Dist:

Aadhaar No.:

State:Pin:

E-SHRAM No.:

Bank Name:

PAN No:

A/C No.:

EDUCATIONAL QUALIFICATIONS:

IFSC Code:

Branch:

Left Thumb Impression

Signature

DECLARATION BY APPLICANT:

I, _____, hereby declare that all information given above is true and correct to the best of my knowledge and belief. I understand that providing false or misleading information may lead to cancellation of my membership or legal action as per company rules.

Date: ____/____/____ Place: _____

Inspector/State or Division Director's Verification

Authorized Seal & Signature