



# 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/000024

## APPLICATION FORM FOR REGISTRATION

### PART 1

DESIGNATION	N/A			
FULL NAME	kokil			
FATHER NAME	N/A			
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, 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)