



KONKAN PRADESHIK PAKSH MEMBERSHIP FORM

Sr.No.:

Year:

Zilla/District

State

City:

Taluka:

Village:

Full Name of Applicant:

Address of Permanent Residence:

Address of place of work:

Occupation: -

Age: -

Gender: -

I wish to become a member of **KONKAN PRADESHIK PAKSH**. I promise to abide by the Constitution, Rules and discipline of **KONKAN PRADESHIK PAKSH**. I am not a member of any other political party. I pray for membership of **KONKAN PRADESHIK PAKSH**. I undertake to abide by the Constitution, Rules & Discipline of Paksh. I pay along with this application a sum of Rs.____ towards membership fees.

Date:-

(Signature of Applicant)

Name and Signature:

District/ Taluka/City/ Ward/ Wadi/ Mohallah Convenor/Sanyojak.