



ଓଡ଼ିଶା ସେବା ସମିତି  
**ORISSA SEVA SAMITI (Regd.)**

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Sahibabad, Ghaziabad-201005. INDIA  
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Affix Your  
Photograph  
Here

**MEMBERSHIP FORM**

Id.No. ....

I, \_\_\_\_\_ S/o D/o W/o  
\_\_\_\_\_ do hereby  
subscribe to the aims and objectives of Orissa Seva Samiti (Regd.) and wish to become a member of this esteemed  
organization.

I further certify that the particular given below are true and correct to the best of my knowledge.

- Name : \_\_\_\_\_
- Occupation/ Designation / Position : \_\_\_\_\_
- Date of Birth : \_\_\_\_\_
- Married  Or Unmarried  If Married Date Of Marriage Anniversary : \_\_\_\_\_
- Present Address : \_\_\_\_\_  
\_\_\_\_\_
- Prmanent Address : \_\_\_\_\_  
\_\_\_\_\_
- E-mail ID : \_\_\_\_\_
- Contact No(s) : \_\_\_\_\_  
Off. \_\_\_\_\_  
Res. \_\_\_\_\_  
Mob. \_\_\_\_\_
- Blood Group : \_\_\_\_\_

**DETAILS OF FAMILY MEMBERS**

<u>NAME OF PERSONS</u>	<u>RELATION</u>
(1).....	.....
(2).....	.....
(3).....	.....
(4).....	.....
(5).....	.....

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(Signature)