



NSDM

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MEMBERSHIP FORM

To,

**National Coordinator
National Self Defense Mission**

PHOTO

NAME _____

ADDRESS _____

CITY/DISTRICT _____ STATE _____

DATE OF BIRTH _____ AGE _____ SEX _____

E-MAIL _____ PHONE/MOBILE _____

EDUCATION QUALIFICATIONS _____

MARTIAL ARTS QUALIFICATION _____

MEMBERSHIP TYPE: DISTRICT _____ UT _____ STATE _____ COORDINATOR

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, FURTHER, I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AGAINST THE NATIONAL SELF DEFENSE MISSION OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY ASSOCIATION WITH OR ENTRY IN THE SPORTS ACTIVITIES ASSOCIATED WITH NSDM. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

- ✓ **Kindly Attach ID/ Adhar Card, Education & Sports Activities Documents and Membership Fee Pay Slip**
- ✓ **District Coordinator Fee 5000/-, UT Coordinator 7000/- & State Coordinator Free 10,000/- (Valid for Two Years)**

SIGNATURE _____ NAME _____

DATE _____ PLACE _____

FOR OFFICE USE ONLY:-

MEMBERSHIP NO _____

AUTHORIZED SIGNATURE _____ DATE _____