SAMAJIK SANKHYA
FOUNDATION
Control Population, Secure India.

SAMAJIK SANKHYA FOUNDATION

CIN: U88900KA2026NPL216388 | Section 8 License No: 180526

Registered Office: Kalaburagi, Karnataka, India

MEMBERSHIP APPLICATION FORM

Personal Details
Full Name: _____
Father's/Husband's Name: _____
Date of Birth: _____ Gender: _____ Occupation: _____

Contact Details
Mobile: _____ Email: _____
Full Address: _____
_____
City: _____ State: _____ PIN: _____

Membership Type (Tick One)
[ ] General Member
[ ] Active Volunteer
[ ] District Coordinator
[ ] State Coordinator
[ ] Life Member

Purpose of Joining
_____
_____
_____

Declaration
I declare that the above information is true and I agree to follow the rules and objectives of Samajik Sankhya Foundation.

Signature of Applicant: _____ Date: _____

Official Use Only:
Membership ID: _____
Approved By: _____
(Seal & Signature)

Kindly note

📩 Submit the form
via WhatsApp: 8139922222
or Email: Samajiksankhya@gmail.com