PADIVATTOM RESIDENTS' ASSOCIATION

Unit - III (PRA-III)

Sangamam Lane, Padivattom, Edappally P.O., Cochin – 682024

PRA–III Membership Registration Form

1. Member Information

PRA House Number: _____ *(If no official house number exists, use the nearest house number with a suffix letter (e.g., PRA-15A).)*

Full Name (Head of Family): _____

Gender: ☐ Male ☐ Female ☐ Other

Date of Birth: ____ / ____ / _____ **Age:** _____ Years

Marital Status: ☐ Single ☐ Married ☐ Widow/Widower ☐ Other

Mobile Number: _____ WhatsApp Mobile Number: _____

Email Address: _____

2. Residential Details

Residential Address: _____

Ownership Status: ☐ Owner Occupied ☐ Tenant ☐ Relative Occupying

☐ Vacant ☐ Other _____

Number of Family Members Residing in the House: _____

3. Family Details

Sl. No.	Name	Relationship	Age	Mobile Number
1				
2				
3				
4				
5				

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4. Profession & Expertise Information

Profession / Expertise to be included in PRA Directory *(If retired, mention briefly, e.g., "retired government employee". If employed, mention your profession, business, service, or area of expertise. If another family member currently represents the household professionally, mention their expertise.)*

_____

_____

5. Emergency Contact

Name: _____ **Relationship:** _____

Mobile Number: _____

6. Consent & Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

I consent to the collection, storage, and use of the information provided in this form by **Padivattom Residential Association (PRA–III)** for membership administration, resident communication, community activities, and the preparation of internal association directories, in accordance with applicable laws and privacy requirements.

Place: Padivattom **Date:** ____ / ____ / _____ **Signature of Applicant:** _____

_____

Office Use Only

Membership Number: _____ Date **of Registration:** ____ / ____ / _____

Verified By: _____ **Approved By:** _____

Remarks: _____

_____