



TELANGANA KALINGA VYSYA ASSOCIATION

Regn No. 585/2025

Membership Registration Form

(To be filled in BLOCK letters)

Affix Photo

First & Middle Name	:		Surname:	:	
Father/Spouse Name	:		Gender	:	
WhatsApp Mobile No	:		Alternative No	:	
Email ID	:		Blood Group	:	
Age	:		Wish to Donate Blood	:	YES / NO
Qualification	:		Marital Status	:	
Occupation	:		Company Name	:	
Telangana Residence Address	:				
Native Place Address	:				
Office/Business Address	:				
Family Members Details	:	Name:	Age:	Relationship:	
		Name:	Age:	Relationship:	
		Name:	Age:	Relationship:	
		Name:	Age:	Relationship:	
		Name:	Age:	Relationship:	
		Name:	Age:	Relationship:	
Telangana Residence Address Proof	:	(Attach Any)	Aadhar / Voter ID / Driving License/ LPG Bill / Power Bill		
Payment Mode	:	(Tick Any)	Cash / UPI	UPI Payment Ref:	
Interested to Volunteer in	:	Career Counselling / Event Volunteering / Business Networking			
		Medical Counselling / Support Final Rites & Rituals			
Declaration	:	I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide the rules and objectives of the Telangana Kalinga Vysya Association			
Date		Signature			

For Office Use Only

Referred by : Name: Membership ID:

Membership ID :

Date of Registration :

Checked By :

Approved By : General Secretary President

Office Seal :