

## SAMANVAY SAHODAYA COMPLEX

### APPLICATION FORM FOR NEW MEMBERS

|                                                                                 |                                                                              |
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| Name of the School                                                              |                                                                              |
| Address with Pin code                                                           |                                                                              |
| Contact No. (s)                                                                 |                                                                              |
| E- mail ID                                                                      |                                                                              |
| School's Affiliation Number                                                     |                                                                              |
| Name of the Principal/ Head of the School                                       |                                                                              |
| Contact No.                                                                     |                                                                              |
| E- mail ID                                                                      |                                                                              |
| Level of the School                                                             | Secondary <input type="checkbox"/> Senior Secondary <input type="checkbox"/> |
| Year of Establishment                                                           |                                                                              |
| Name of the Trust/Society                                                       |                                                                              |
| Total No. of students                                                           |                                                                              |
| Total No. of staff members                                                      |                                                                              |
| Total area of the school                                                        |                                                                              |
| Sports facilities available (Give details)<br>(Mention the name of the Sports.) | 1.<br>2.<br>3.<br>4.<br>5.<br>6.                                             |
| Size & Capacity of auditorium                                                   |                                                                              |

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| Payment details :<br>Annual Fee : Rs. 5000/-<br>Demand Draft/Cheque No. .... date..... for Rs. ....<br>in favour of SAMANVAY SAHODAYA                                                                                                                                                                                                                                                                                                                                |
| Declaration : <ul style="list-style-type: none"><li>• The Principal of the school will attend the meetings organized by Samanvay Sahodaya Complex.</li><li>• The Principal assures that the school will actively participate in the Sahodaya Inter School activities/competitions organized from time to time.</li><li>• The School will abide by the rules of Samanvay Sahodaya Complex.</li><li>• The School will pay annual subscription fee regularly.</li></ul> |
| Name & Signature of the Principal :<br><br><br>Date :<br><br>Place :                                                                                                                                                                                                                                                                                                                                                                                                 |

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| <p style="text-align: center;"><u>FOR OFFICE USE ONLY</u></p> <p>Date of receipt of the Application form: _____</p> <p>Date of confirmation of Membership : _____</p> <p>Membership number allotted : _____</p> |
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