



AN AYYANTHOLE DESAM PULIKKALI INITIATIVE

സൗന്ദര്യം  
നമസ്കാരം

Affix your  
passport size  
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# Santhwana Hastham Membership Application Form

Full Name:.....

DOB:..... Gender: ..... Blood Group:.....

Mobile Number:..... Whatsapp Number:.....

Email ID:.....

Postal Address:.....

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Occupation: .....

PAN Number:..... Aadhar Number:.....

Your Bank Account Number:.....

Bank Name: ..... Branch:.....

IFSC:.....

I ..... here by agree to join Santhwana Hastham as a contributing member towards its charitable activities and agree to pay Rs. 100/- per month through direct debit from my bank account. This will remain in force until the cancellation of this membership. I further agree to contact Santhwana Hastham administration in writing for the cancellation of this membership if required in future. I approve the authority of the elected committee of Santhwana Hastham for managing and distributing the funds collected for the charity activities.

Name ..... Signature.....