



भारती संस्कृति सुरक्षा फाउंडेशन

BHARTI SANSKRITI SURAKSHA FOUNDATION



CIN : U85320MH2019NPL330129

MEMBERSHIP FORM

I wish to become a member of Bharti Sanskriti Suraksha Foundation (BSSF)

1. Full Name (Capital Letter) :

2. Father's Name: 3. Mother's Name:

4. Address:

.....

..... State: Pin:

5. Phone Number: 6. Email Id:

7. Sex: Male / Female 8. Date of Birth: 9. Age:

10. Blood Group: 11. Willing to Donate:

12. Education Particulars:

13. Occupational Particulars:

14. If any other ID Proof : Aadhar Card / Driving Licence / Voter ID / Passport Copy

Declarations:

I am Hindu, I believe in Hinduism and in Sanathana Dharma beyond caste. I worship Hindu Gods and I stand for the preservation of Indian Culture. I will never convert to any other religion. I will adhere to all the rules and regulations laid down by organization. I will not break the law or cause damage to the organization. I will not be joining or assuming any key position in any other organization. I hereby agree to pay all related costs and compensation as a result of any damages or breaches of any kind caused to Bharti Sanskriti Suraksha Foundation by me . I have read and understood the bye law of BSSF. I assure the details mentioned above are sincerely true and correct to the best of my knowledge.

Signature of the Member

Mobile: +91 882 883 8881 / +91 882 884 8881 / +91 882 886 8881

Email: info@bssf.co.in / bhartiasanskriti@gmail.com

www.bssf.co.in

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