ALL INDIA JANGAM WELFARE ASSOCIATION									
Membership ID card Application									
Name :									
	_								
Blood Group :						Photo			
Res. Address :									
Phone No :									
Emergency No :					Sign	n with Date			
APP BATCH / NO	I/NO OFFICE USE ONLY			RECEPIT NO / DATE:					
	MEMBERSHIP NO		AIJWA						

ALL INDIA JANGAM WELFARE ASSOCIATION										
Membership ID card Application										
Name :										
Date of Birth :										
						Photo				
Res. Address :										
Phone No :										
Emergency No :					Sigı	n with Date				
APP BATCH / NO	BATCH / NO OFFICE USE ONLY			RECEPIT NO / DATE:						
	MEMBERSHIP NO		AIJWA							