



# The Vision Care Foundation

Registration is according to Indian Trusts Act. 1882

Registration No. : IV-190200099

Babupara , Thakurnagar , North 24 Parganas , WB-743287

Mail: [info@tvcf.org.in](mailto:info@tvcf.org.in)

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Contact No: 7908769488

## MEMBERSHIP APPLICATION FORM

Fill the Complete form in BLOCK CAPITAL LETTERS (English) only using Blue/Black link pen

Full Name of Applicant

Father Name

Mother Name

Sex

Date of Birth(DD/MM/YYYY)

Contact No.

Complete Address for correspondence

District

State

Pin Code

Aadhaar No

Occupation \_\_\_\_\_ Educational Qualification \_\_\_\_\_

Others \_\_\_\_\_

\_\_\_\_\_

### DECLARATION BY THE APPLICANT

I have read all the rules and regulations of the trust name THE VISION CARE FOUNDATION . I am glad and happy to join the organization. I declare the above information is true and correct to my knowledge and belief and I fully understand that my application will be cancelled if any information by me is found to be false or twisted.

Date:

Signature of Applicant

Received with thanks of rupees \_\_\_\_\_

for joining the trust name THE VISION CARE FOUNDATION from Mr/Ms/Dr./Shri/Smt.- \_\_\_\_\_

Date:

Seal & Signature

Please affix your recent passport size photo here