

# SHREE VAGAD GRADUATES' ASSOCIATION

(Society Regn. No. 749 of 1997 (Mumbai))



A/001, Gulmohar Co-Op.Hsg.Soc., Ground Floor,  
P.L.Kale Guruji Marg, Next to Bhandari Co-op Bank,  
Off Ranade Road, Dadar (W), Mumbai – 400 028  
Phone: 2432 7842  
Website : www.svgaindia.org  
Email : svga@svgaindia.org

Photo

## MEMBERSHIP APPLICATION FORM (PLEASE FILL IN CAPITAL LETTERS ONLY)

To,  
The Secretary,

Dear Sir,

I hereby apply for the Membership of Shree Vagad Graduates' Association. I hereby also agree to abide by the rules and registration of the Association.

Mr./Mrs./Miss \_\_\_\_\_  
SURNAME NAME SECOND NAME THIRD NAME  
AGE BIRTH DATE VILLAGE IN KUTCH

OFFICE ADDRESS : \_\_\_\_\_

PIN CODE : \_\_\_\_\_ TEL. NO. \_\_\_\_\_

RESIDENCE ADDRESS : \_\_\_\_\_

PIN CODE : \_\_\_\_\_ TEL. NO. \_\_\_\_\_ MOBLE NO : \_\_\_\_\_

SINGLE /MARRIED : \_\_\_\_\_ EMAIL ID : \_\_\_\_\_

SPOUSE'S NAME : \_\_\_\_\_ SPOUSE'S EDUCATION: \_\_\_\_\_

**ACADEMIC QUALIFICATION** **DEGREE** **YEAR OF PASSING**

1. GRADUATION  
(Specify the Course)

2. POST GRADUATION  
(if any)  
(Xerox of Degree Certificates is a must)

PRESENT BUSINESS/ PROFESSION : \_\_\_\_\_

STATUS HELD : \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES HOBBIES : \_\_\_\_\_

ASSOCIATION WITH OTHER SOCIAL ORGANISATION : \_\_\_\_\_

BLOOD GROUP : \_\_\_\_\_ SELF : \_\_\_\_\_ SPOUSE : \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**RECEIPT NO.** **S.V.G.A**  
**(FOR OFFICE USE ONLY)**

Passed by \_\_\_\_\_ On \_\_\_\_\_ SIGNATURE \_\_\_\_\_