Regd. V29470

CAMELLIA SOCIAL WELFARE SOCIETY

B- 26/38-1 Nawabganj, Durgakund, Varanasi, U.P, India 221001
Or e-mail at: info@camelliasocialwelfaresociety.org,

Affix Your Passport Size Photograph Here

NAME OF THE APPLICANT

GENDER (TICK MARK IN THE BOX)

Male		Female	

DATE OF BIRTH (ACCORDING TO 10th MARKSHEET)

D	D	M	M	Y	Y	Y	Y

BLOOD GROUP (ENTER ONLY IF YOU KNOW)

Example: A B +

FATHER'S NAME

ADDRESS FOR CORRESPONDENCE

PIN Code:

PHONE NUMBERS

LANDLINE	STD Code:	Phone No.:
MOBILE		

E-MAIL ADDRESS (IF ANY)

EDUCATIONAL QUALIFICATION (PLEASE WRITE THE MOST RECENT QUALIFICATION IN FIELD NO. 1)

#	TITLE OF THE DEGREE/ COURSE / CLASS	STREAM	SCHOOL/ COLLEGE/ UNIVERSITY	YEAR
1.				
2.				

PRIOR EXPERIENCE/EXPERTISE IN DISASTER MANAGEMENT RELATED ACTIVITY (IF ANY)

DISASTER-SPECIFIC AREA YOU WANT TO GET TRAINED IN (TICK MARK THE SUITABLE ONE)

Medical First Aid:		Search & Rescue:		Relief :		Other:	

EMERGENCY CONTACT PERSON (NOTE- THIS MUST BE A FAMILY MEMBER, GUARDIAN OR A CLOSE RELATIVE)

NAME			
ADDRESS			
	Mobile No.:		PIN Code:

DECLARATION (TO BE FILLED IN BY THE APPLICANT ONLY)

I,_____, hereby declare that I am keen to become a member for the **CSWS** and want to render selfless services for effective disaster management. By submitting this form, I declare that my age is **18+** years and that all the information provided by me in this form is true, correct and complete.

Date_____ Place_____ Signature of the Applicant_____