

AFFILIATION FORM

(For Organizations only)

To,

The General Secretary,
All India Federation of the Deaf,
18, Northend Complex,
R.K. Ashram Marg,
New Delhi- 110001

Sir,

We, the _____ have been working for the welfare of the deaf-mute since _____ and, therefore, take this opportunity to apply for the Ordinary Membership of All India Federation of the Deaf. We promise to abide by the Rules and Regulations of the Federation and to take part in and further the activities of the Federation.

Other particulars pertaining to our organization are as follows:-

1. Name of the Organization: _____
- 2 Registered Office: _____
3. Members on Roll: (Deaf) _____ (Non-Deaf) _____
4. Whether registered or recognized: _____
5. Date since when founded: _____
6. Aims and Objects, in brief: _____

GENERAL SECRETARY

PRESIDENT

OFFICIAL SEAL

Dated:

Enclosures to accompany:

1. Admission Fee: Rs. 100/
2. Membership Fee: Rs. 2,000/- P.A.
3. Copy of the Constitution.
4. Annual Report.
5. Audited Statement of accounts for the year.
6. List of Active Members.
7. Names of Office Bearers with their Mobile No. and Email Id.