



**SMT. VEENA RANI
MEMORIAL TRUST**

RZG 7A NIHAL VIHAR NEW DELHI 110041

VOLUNTEERS ENROLLMENT FORM

1. NAME OF THE CANDIDATE

.....

2. FATHER'S NAME

.....

3. DATE OF BIRTH

.....

4. ADDRESS

(a) PRESENT

.....
.....
.....

TELEPHONE NO.

.....

(b) PERMANENT

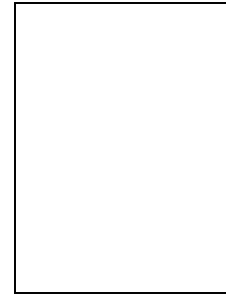
.....
.....
.....

TELEPHONE NO.

.....

5. QUALIFICATION

.....
.....



Paste your recent
passport size
photograph

6. AREA OF SPECIALIZATION

.....
.....

7. EXPERIENCE IN SOCIAL WORK

.....
.....

8. PRESENT ACTIVITY

.....
.....

9. WHETHER ENROLLED WITH ANY OTHER TRUST/NGO

Yes No

If yes, then specify the name of Trust/NGO

.....
.....

10. WHETHER WILLING TO SERVE REMOTE AREAS
IN THE EVENT OF ANY NATURAL CLAMATIES
SUCH AS EARTHQUACK, EPIDEMIC, STARVATION
ETC.

Yes No

UNDERTAKING

I UNDERTAKE TO ABIDE BY THE RULES AND REGULATIONS OF THE TRUST WHILE BEING A
VOLUNTEER AND PERFORMING THE ASSIGNMENT THAT MAY BE ENTRUSTED UPON ME BY
THE TRUST.

NAME OF THE CANDIDATE

.....

SIGNATURE

.....

DATE

.....

IMPORTANT:

PLEASE ENCLOSE TWO RECENT PASSPORT SIZE PHOTOGRAPHS DULY SIGNED ACROSS THE PHOTOGRAPH AND PASTED ON A SEPARATE SHEET. WHILE ONE PHOTOGRAPH SHALL BE RETAINED BY THE TRUST ALONGWITH THE APPLICATION FORM THE SECOND ONE SHALL BE USED FOR ISSUE OF AN IDENTITY CARD TO THE APPLICANT/VOLUNTEER ONCE HIS REQUEST FOR VOLUNTEERSHIP IS ACCEPTED BY THE TRUST.

NOTE: THE TRUST RESERVES THE RIGHT TO ENROLLMENT