

Form No.

National Human Rights Community of India

Empanelled Under NITI AAYOG, Govt. of India

Administrative Building : Bidhanpally, Barabohera, P.S. – Uttarpara, Hooghly – 712 246

Contact No. : +91 33 2673-3336, Website : www.nhrcci.in, E-mail : humanrights@nhcri.in

APPLICATION FORM FOR MEMBERSHIP

Name [Block Letter]:*	<input type="text"/>			Photo
S/O, D/O, W/O :*	<input type="text"/>			
Gender :	<input type="text" value="Male / Female / Others"/>			
E-mail :	<input type="text"/>			
Contact No. 1 :*	<input type="text"/>	Contact No. 2 :*	<input type="text"/>	
Postal Address :	<input type="text"/>			
Post Office :	<input type="text"/>	Police Station :	<input type="text"/>	
District :	<input type="text"/>	Pin Code :	<input type="text"/>	
State :	<input type="text"/>			
Present Address :	<input type="text"/>			
Date of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education Qualification :	<input type="text"/>			
Profession :	<input type="text"/>			
Member Type :	<input type="text"/>	Member Fees :	<input type="text"/>	
ID No. of Introducer :	<input type="text"/>	Renewal Fees :	<input type="text"/>	
Introduced by :	<input type="text"/>			
Place :	<input type="text"/>	State :	<input type="text"/>	
Aadhar Card No. :	<input type="text"/>	Passport :	<input type="text"/>	
Driving License :	<input type="text"/>	Voter Card :	<input type="text"/>	

Declaration : I have read all the rules and regulation of the NHRCI. I declare that 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. After deposit membership amount is not refundable.

ID No. : Signature :

Issued Date : Expiry Date :