Application	No			
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DELHI DEVELOPMENT AUTHORITY

POORV DELHI KHEL PARISAR
TAHIRPUR, DILSHAD GARDEN, DELHI-110095
E-mail: ddapdkp@gmail.com, Ph: 011-22571088

ASSOCIATE MEMBERSHIP APPLICATION FORM

ATTACHED COLORED STAMP SIZE PHOTO

1. Membership No.	2. Date Of Membership									
3. Entry Fee Rs.	4. Application No.									
5. Name (in Block Letters)										
6. Father's/Husband's Name										
7. Name Of Primary Member										
8. Primary Membership No.										
9. Residential Address										
	PIN PIN									
10. Office Address										
	PIN PIN									
11. Aadhaar No.										
12. Mobile No. (Mandatory)										
13. Email ID (Mandatory)										
14. Occupation	Service Business Profession Others									
15. Detail Of Occupation										
16. Date Of Birth										
17. Gender	Male Dthers									
18. Marital Status	Single Divorced Widow									
19. Nationality	Indian Foreign									
20. Educational Qualification										

21. Details of I	Dependents (Spouse& children between 5 to 21 years only)*who are to be enrolled.						
Name Relation*	Date Of Birth	Attach colored Stamp Size photograph					
Name		Attach colored					
Relation*	Date Of Birth	Stamp Size photograph					
Name		Attach colored					
Relation*	Date Of Birth	Stamp Size photograph					
Name		Attach colored Stamp Size					
Relation*	Date Of Birth	photograph					
Name		Attach colored					
Relation*	Date Of Birth	Stamp Size photograph					
(*S-Son, *D-Daughter, *W-Wife, *H-Husband)							
Note: - Docu	ment Required Prior Allotment of Membership.						

- (a) Request letter from primary member for grant of Associate Membership to his/her dependent member.
- (b) Main Member Residence/ID Proof.
- (C) Surrender of Dependent Membership I-Card.
- (d) Age Certificate of Self.
- (e) Two passport size color Photographs.

22.	ı	enclose	herewith	a	Demand	Draft	No			dated			drawn	on
						in fav	our of	"CAU	SPORTS	DDA" for	an am	ount of	Rs.118/-	(Rs.
	<u>Or</u>	ne Hundre	d Eighteen	Only)	against the	e cost of	applic	ation f	orm.					
(This is applicable when not paying by Debit/Credit Card/UPI)														
23. <u>u</u>	Inde	rtaking												
	* /	All informa	ation furnish	ned a	bove is corr	ect. Hov	vever,	ту арр	olication f	form is lia	ble to b	e rejecte	ed if deta	ils
	f	found to b	e incorrect.											
	*	have read	d the Rules a	and R	egulation B	ye-laws	contai	ned in t	the broch	nure of Po	orv Del	hi Khel F	arisar an	d
undertake to abide by the same.														
												(Signat	ure of Ap	plicant)
												. •	·	
										Applio	cation I	No		
						CKNOW								
							_	_	THORIT' AR, DELHI					
Rec	eive	ed from Mi	r./Ms./Mrs						a	pplicatio	n for the	e Associa	ate Mem	bership
			nel Parisar,											-
	•••••					f	or an a	amount	of Rs.11	18/- (Rs. (One Hur	ndred Ei	ghteen C)nly) or
thro	ough	Debit/Cre	edit Card/UF	기.										

GUIDELINES FOR OBTAINING OF ASSOCIATE MEMBERSHIP FOR POORV DELHI KHEL PARISAR

- 2. Application forms can be downloaded from home page and sports page of DDA's website "www.dda.gov.in".
- 3. Only one application should be submitted by an individual.
- 4. Filled in downloaded application forms should be submitted at Admin Block Reception during working hours 10:30 AM to 3.30 PM except Sunday, 2nd Saturday & all gazatted holidays. (Lunch Time 01:30 PM to 02:00 PM).
- 5. Membership form charges Rs.118/- be deposited while submitting the form.
- 6. Applicants will be required to deposit Entry Fee of Rs. 13810/- for Associate Membership. Pay Order/Demand Draft should be drawn in favour of "CAU SPORTS DDA". (This is applicable when not paying by Debit/Credit Card/UPI).
- 7. Monthly subscription for one year in advance @Rs.250/- for main member per month.
- 8. Rs. 24/- for each I-card.
- 9. Membership will be allotted after approval.

Note:-The Following are required to be submitted along with the Application Form.

- (a) Request letter from primary member for grant of Associate Membership to his/her dependent member.
- (b) Main Member Residence/ID Proof.
- (C) Surrender of Dependent Membership I-Card.
- (d) Age Certificate of Self.
- (e) Two passport size color Photographs.
- (f) Clearance of payment of monthly subscription from Account Branch in respect of member.