



**Form No.**

**R. No. 4428/ 2014 CHD**  
(Registered under the Society Registration Act XXI, 1860)

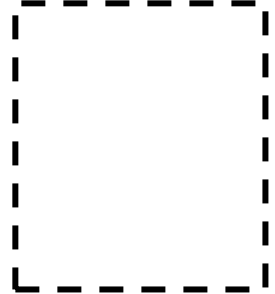
**Association of Professional Social Workers and Development Practitioners (APSWDP)**

Regd. Office- H. No. 206, Sector-11.A, Chandigarh-160011

**Membership Form**

**A. Personal Particulars:**

1. **Name:** .....
2. **Father's/Mother's/Spouse Name:** .....
3. **Date of Birth:** .....
4. **Gender:**.....
5. **Nationality:** .....
6. **Domicile:** .....
7. **Permanent Address:** .....
8. **Mailing Address:** .....
9. **Phone No:**.....
10. **E-mail:** .....



**B. Educational Background:**

1. **Final Qualification:** .....
2. **Area of Study/Expertise:** .....
3. **University/School/Institute:** .....

**C. Professional Background:**

1. **Profession in practice:** .....
2. **Area of Profession:** .....
3. **Organization:** .....
4. **Designation:** .....
5. **Type of Organization: Government/CSO/Int'l development agency**
6. **Duration of professional work:** .....

**D. Identity details:**

1. **PAN No.** .....
2. **UIDAI No.** .....
3. **Passport No.** .....
- a. **Issue Date:** .....
- b. **Expiry Date:** .....
- c. **Issuing Authority:** .....
4. **If currently student in any recognized university, please**
  - a. **University ID Card No.** .....
  - b. **Session:** .....
  - c. **Course Name:** .....

**E. Reference details:**

- a. **Name of Introducer:** .....
- b. **Designation:** .....
- c. **Address:** .....
- d. **Contact:** .....

**F. Membership and Fee details:**

- a. Membership Type opted: Life Associate/Student/Institutional/Corporate Membership
- b. Membership duration: Annual/Life or others pls. specify.
- c. Membership Fee Paid: INR. .... Receipt No. .... Date:.....
- d. Mode of Payment: Cheque/D.D./NEFT/RTGS  
Cheque/NEFT/RTGS Ref. No. .... Date: .....
- e. If Payment made through Credit Card/Debit Card, details to be provided as mentioned below:  
Card No. ....  
Card Expiry Date: .....  
Name of Card Holder: .....

**G. Private Policy:**

Data provided will be incorporated into a file which will be a property of Association of Professional Social Workers and Development Practitioners with the purpose of managing the association and facilitating the delivery of information on its activities, events and other communications with members. You may exercise your right at any moment to access, rectify, cancel or withdraw your personal information by making a request in writing or by e-mail at [apswdp@gmail.com](mailto:apswdp@gmail.com).

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**For Office Use only**

The membership fee of Dr./Mr/Ms/Mrs.....has been received as per membership request vide receipt no.....dated.....

Sign and Stamp  
Treasurer

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Dr./Mr/Ms/Mrs.....has been approved .....membership for .....duration/period and allotted Membership No.....

Sign and Stamp  
Secretary General

Comment if any: .....