

20. Details of Dependents (including spouse)* who are to be enrolled.

Name	<input type="text"/>																			
Relation	<input type="text"/>	Date of Birth	<input type="text"/>																	
Name	<input type="text"/>																			
Relation	<input type="text"/>	Date of Birth	<input type="text"/>																	
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Relation	<input type="text"/>	Date of Birth	<input type="text"/>																	
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Relation	<input type="text"/>	Date of Birth	<input type="text"/>																	
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Attach Photo

Attach Photo

Attach Photo

Attach Photo

❖ S-Son, D-Daughter, W-Wife, H-Husband

Note: - Document Required Prior Allotment of Membership.

- ❖ Residence/ ID Proof (Photocopy) (Adhaar card is compulsory)
- ❖ If Govt. Servant, please attach the Employer Certificate, Photocopy of Identity Card.
- ❖ Age Certificate of Self, Spouse and Dependent members.
- ❖ Two Photographs for each Member
- ❖ Spouse & Children between 5 to 21 years can be dependent members.
- ❖ Subscription fee is Rs. 211.86/- per month for the member and Rs. 101.69/- per month for each dependent member +18% GST from the date of approval of membership.

21. Undertaking

- a. All information furnished above are correct. However, my application form is liable to be rejected if details found to be incorrect.
- b. I have read the Rules and Regulation Bye-laws contained in the brochure of Paschim Vihar Sports Complex and undertake to abide by the same.

Date.....

(Signature of Applicant)

ACKNOWLEDGEMENT
DELHI DEVELOPMENT AUTHORITY
PASCHIM VIHAR SPORTS COMPLEX,
NEW DELHI

Received from Mr./Ms./Mrs..... application for the General/Govt. Servant Membership of Paschim Vihar Sports Complex and a Cheque/ D.D No/Card/UPI..... dt..... drawn onfor an amount of **Rs. 236/- (Rs. Two Hundred Thirty Six Only)** or through **Debit or Credit Card.**

Date.....

(Signature of the Receiving Clerk with Stamp)

UNDERTAKING

That I, including my spouse was not a member earlier whose membership has been terminated for non-payment of monthly subscription in case found otherwise, I will be stand to lose my membership without any refund and call for legal action for giving false information.

Yours faithfully

Signature:

Name:

Address:

Mobile:

Employee's Certificate

It is certified that Shri/Smt.----- is working as ----
----- and is a regular employee of -----
----- and drawing his/her salary from the consolidated fund of Govt. Of
India/State and this organization is not an autonomous body.

Sign-----

Name-----

Class-1 Account Officer-----

The Department/DDO(Stamp)-----

DELHI DEVELOPMENT AUTHORITY
PASCHIM VIHAR SPORTS COMPLEX

DETAILS OF FAMILY (DEPENDENT MEMBERS)

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I certify that my dependents and I shall abide by the bye laws of the sports complex (copy is available for reading/reference with reception counters, office staff and PVSC web page).
2. The Management Board shall have powers from time to time make alteration and repeal all such bye laws as they may deem necessary for the proper conduct and management of the Sport Complex.

Dated :

Name of the Member _____

Specimen Signature

Membership Number _____

1. _____

Correspondence Address _____

2. _____

Mobile Number _____

E-mail I.D _____



DELHI DEVELOPMENT AUTHORITY

पश्चिम विहार खेल परिसर PASCHIM VIHAR SPORTS COMPLEX

(कृपया बड़े अक्षरों में भरें)

(Please fill the details neatly in BLOCK LETTERS only)

सदस्य का नाम : _____ जन्म तिथि _____
Member's Name _____ Date of Birth _____

सदस्यता संख्या : _____ व्यवसाय _____
Membership Number _____ Profession _____

स्पाउस का नाम : _____ जन्म तिथि _____
Spouse's Name _____ Date of Birth _____

आश्रितों के नाम : _____ सम्बन्ध _____ जन्म तिथि _____
Dependent's Name _____ Relation _____ Date of Birth _____

1. _____

2. _____

3. _____

कुल कार्डों की मांग _____ तिथि _____
Total Cards Required _____ Date _____

आवेदक के हस्ताक्षर _____ जांचकर्ता एवं प्राप्तकर्ता _____
Signature of the Member _____ Checked & Received By _____

सदस्यता संख्या _____ जन्म तिथि _____
Membership No. _____ Date of Birth _____

सदस्य का नाम _____
Name of Member _____

स्पाउस का नाम _____
Name of Spouse _____

आश्रित _____ सम्बन्ध _____ तिथि _____
Dependents _____ Relationship _____ Date of Birth _____

1. _____

2. _____

3. _____

4. _____

सदस्यता कार्डों की मांग _____
Requirement of Cards-Nos _____

प्राप्तकर्ता के हस्ताक्षर _____
Signature of the Receiving Clerk _____

फोटो यहाँ चिपकाएँ
फोटो यहाँ चिपकाएँ
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