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Links for Important

Documents

TEST WEBSITE

Opening Page on clicking the URL

READ NOTICE REGARDING LIMITED MEMBERSHIP OF DWARKA GOLF COURSE

READ CIRCULAR REGARDING LIMITED MEMBERSHIP OF DWARKA GOLF COURSE

REGISTER/LOGIN

and the second second second second

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Page on clicking to Register / login

Registration/Login	
Email Id*	
Send OTP	
Enter Email OTP*	
Los	in

Fill in your Email id and OTP received in Email ID entered

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Categories Listed

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Available live Slots for particular category

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STEP-1 BASIC DETAILS



STEP-1 BASIC DETAILS

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Logout

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STEP-1 : BASIC DETAILS STEP-2 : CHILDR	EN DETAILS STEP-3 : UPLOADS STEP-4 : SUBMIT	
Note: * Marked fields are mandatory.		
NAME*	maximum 100 characters	
GENDER*	Omale Ofemale Oother	
MARITAL STATUS*	Omarried Osingle Odivorcee Owidow/widower	
ATHER'S NAME / HUSBAND'S NAME*	OFather OHusband	
	maximum 100 characters	
APPLICANT RESIDENTIAL ADDRESS*	maximum 500 characters	
OCCUPATION*	OGovernment ONon-Government	
DFFICE ADDRESS(max. 500 chars)	maximum 500 characters	
DATE OF BIRTH*	mm/dd/yyyy	
PAN*	Maximum 10 characters.	
AADHAAR*	Maximum 12 characters.	

YOUR APPLICATION STATUS IS: NOT SUBMITTED YET



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X



Email* TELEPHONE NO.

MOBILE*

RESIDENCE (WITH CODE)

OFFICE (WITH CODE)

CATEGORY OF MEMBERSHIP APPLIED FOR (Please read detailed criteria before applying)*

> HANDICAP (As issued by a Golf Course. For Golf Handicap Category Only.)

WHETHER SPOUSE WOULD USE PLAYING/NON-PLAYING FACILITIES (Check For Yes)

SPOUS	E NAME
SPOUS	E DATE OF BIR

PLAYING OR NON-PLAYING

HKUMAR975757@GMAIL.COM		
10 digit Mobile number(Mandatory).		
maximum 15 characters		M
maximum 15 characters		
Select Category	Select Tenure	
		XX
maximum 2 digits allowed.		XX
maximum 100 characters		
mm/dd/yyyy		
Select Type		• E



Logout



Drop down men to be carefully checked and ticked

	PAN*	Maximum 10 characters.
		PAN number required
	AADHAAR*	Maximum 12 characters.
		AADHAAR number required
X	Email*	HKUMAR975757@GMAIL.Co
XX	TELEPHONE NO.	
28	MOBILE*	10 digit Mobile number(Ma
		Enter 10 digit mobile numb
X X	RESIDENCE (WITH	maximum 15 characters
	CODE)	
	OFFICE (WITH CODE)	maximum 15 characters
	CATEGORY OF MEMBERSHIP APPLIED	Select Category
5 5 % - 11	FOR (Please read detailed criteria	Select Category
	before apprying)	NON-GOVERNMENT CATEG
	HANDICAP (As issued	GOVERNMENT CATEGORY V
ni	by a Golf Course. For	GENERAL APPLICANT
21	Only.)	GOVERNMENT CATEGORY I

WHETHER SPOUSE WOULD USE PLAYING/NON-PLAYING FACILITIES (Check For Yes)

SPOUSE NAME

maximum 100 characters

HKUMAR975757@GMAIL.COM

Select Category NON-GOVERNMENT CATEGORY WITH GOLF HANDICAP CERTIFICATE GOVERNMENT CATEGORY WITH GOLF HANDICAP CERTIFICATE **GENERAL APPLICANT** GOVERNMENT CATEGORY INDIVIDUALS



v Select Tenure







Email* TELEPHONE NO.

MOBILE*

RESIDENCE (WITH CODE)

OFFICE (WITH CODE)

CATEGORY OF MEMBERSHIP APPLIED FOR (Please read detailed criteria before applying)*

> HANDICAP (As issued by a Golf Course. For **Golf Handicap Category** Only.)

WHETHER SPOUSE WOULD USE PLAYING/NON-PLAYING FACILITIES (Check For Yes)

SPOUSE NAME	
SPOUSE DATE OF BIRTH	
PLAYING OR NON-	

mm/dd/yyyy

Select Type

maximum 15 characters Select Category maximum 2 digits allowed. maximum 100 characters

HKUMAR975757@GMAIL.COM

PLAYING

10 digit Mobile number(Mandatory). maximum 15 characters Select Tenure v Select Tenure 5 Years 3 Years



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TELEPHONE NO.

Email*

MOBILE*

OFFICE (WITH CODE)

CATEGORY OF MEMBERSHIP APPLIED FOR (Please read detailed criteria before applying)*

CODE)

HANDICAP (As issued by a Golf Course. For Golf Handicap Category Only.)

WHETHER SPOUSE WOULD USE PLAYING/NON-PLAYING FACILITIES (Check For Yes)

SPOUSE DATE OF BIRTH

SPOUSE NAME

PLAYING

PLAYING NON-PLAYING





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STEP-2 CHILDREN DETAILS











YOUR APPLICATION STATUS IS: NOT SUBMITTED

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Select dependent category (Playing or Non-playing) Docum Depend 2MB)

DEPENDENT CHILDREN JSE PLAYING/NON-PLAYING (Check for YES)		
DEPENDENT CHILDREN (WH	O WISH USE PLAYING/NON-PLAYING FACILITIES)	
	(maximum 100 characters)	
	Oson Odaughter	
Age must be between 5 ars)	mm/dd/yyyy	
n-Playing	Select Dependent Type	
ndent Children(jpg/png,	Select Dependent Type Playing Non-Playing	
be uploaded for hildren(ipg/pdf/png_max_	Select Document Type Choose File No file choose	sen

Save





Upload dependent documents

Registration

YOUR APPLICATION STATUS IS: NOT SUBMITTED YET

TEST WEBSITE

STEP-1 : BASIC DETAILS STEP-2 : CHILDREN DETAILS STEP-3 : UPLOADS STEP-4 : SUBMIT

WHETHER DEPENDENT CHILDREN WISH TO USE PLAYING/NON-PLAYING FACILITIES(Check for YES)

DETAILS OF DEPENDENT CHILDREN (WHO WISH USE PLAYING/NON-PLAYING FACILITIES)

OSON

mm/dd/yyyy

~

(DOCUMENTS ALLOWED: BIRTH CERTIFICATE, PAN, PASSPORT, AADHAAR CARD.)

Name

Son/Daughter

Date Of Birth (Age must be between 5 years to 21 years)

Playing OR Non-Playing

Photo of Dependent Children(jpg/png, max 2MB)

Document to be uploaded for Dependent Children(jpg/pdf/png, max 2MB)

Select Dependent Type

(maximum 100 characters)

ODAUGHTER

Choose File No file chosen

Select Document Type

Select Document Type BIRTH CERTIFICATE PAN CARD

PASSPORT

AADHAAR CARD

Choose File No file chosen



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STEP-3 UPLOAD



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	YOUR APPLIC	ATION STATUS IS: NOT SUBMITTED YET
STEP-1 : BASIC DETAILS STEP-2 : CHILDREN DETAILS	STEP-3 : UPLOADS STEP-4 : SUBMIT	
Applicant's Photo(jpg/png,max:2MB)	Choose File No file chosen	Upload
Applicant's Signature(jpg/png,max:2MB)	Choose File No file chosen	Upload
Applicant's PAN(jpg/png/pdf,max:2MB)	Choose File No file chosen	Upload
Applicant's AADHAAR(jpg/png/pdf,max:2MB)	Choose File No file chosen	Upload
Address Proof(jpg/pdf/png, max 2MB)	Select Document Type Choose File No file chosen	Upload
Golf Handicap Certificate(jpg/png/pdf,max:2MB)	Choose File No file chosen	Upload
Proof of Date of Birth of Spouse(jpg/png/pdf,max:2MB)	Choose File No file chosen	Upload
Spouse Photo(jpg/png,max:2MB)	Choose File No file chosen	Upload
Proof Of Relation With Spouse(jpg/pdf/png, max	Select Document Type Choose File No file chosen	Upload

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Upload documents as applicable

Y	OUR APPLICATION STATUS IS: NOT SUBMITTED YET		
STEP-1 : BASIC DETAILS STEP-2 : CHILDREN DETAILS	STEP-3 : UPLOADS STEP-4 : SUBMIT		
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Applicant's Signature(jpg/png,max:2MB)	Choose File No file chosen	View	Upload
Applicant's PAN(jpg/png/pdf,max:2MB)	Choose File No file chosen	View	Upload
Applicant's AADHAAR(jpg/png/pdf,max:2MB)	Choose File No file chosen	View	Upload
Address Proof(jpg/pdf/png, max 2MB)	Select Document Type		Upload
Golf Handicap Certificate(jpg/png/pdf,max:2MB)	DRIVING LICENSE		Upload
Proof of Date of Birth of Spouse(jpg/png/pdf,max:2MB)	PASSPORT AADHAAR CARD		Upload
Spouse Photo(jpg/png,max:2MB)	WATER BILL ELECTRICITY BILL		Upload
Proof Of Relation With Spouse(jpg/pdf/png, max 2MB)	GAS BILL Select Document type Choose File No file chosen		Upload
Documents For Government Category			
Identity Card of Department/ Retired Officer's Identity Card / ECHS Card / CGHS Card/ Canteen Card	Choose File No file chosen		Upload







Upload documents as

applicable

Applicant's AADHAAR(jpg/png/pdf,max:2MB) Address Proof(jpg/pdf/png, max 2MB)

Golf Handicap Certificate(jpg/png/pdf,max:2MB)

Proof of Date of Birth of Spouse(jpg/png/pdf,max:2MB)

Spouse Photo(jpg/png,max:2MB)

Proof Of Relation With Spouse(jpg/pdf/png, max 2MB)

Documents For Government Category

Identity Card of Department/ Retired Officer's Identity Card / ECHS Card / CGHS Card/ Canteen Card for serving defence service officers(jpg/png/pdf,max:2MB)

Certificate of the officer that pay and allowances / Pension Pay Order (PPO) if officer is retired, are being drawn from the Consolidated Fund of India/State or officer is on deputation(jpg/png/pdf,max:2MB)

Salary/Pension Slip(jpg/png/pdf,max:2MB)

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Upload documents as applicable

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pplicant's AADHAAR(jpg/png/pdf,max:2MB)	Choose File No file chosen	View	Upload
ddress Proof(jpg/pdf/png, max 2MB)	AADHAAR CARD	View	Upload
olf Handicap Certificate(jpg/png/pdf,max:2MB)	Choose File No file chosen		Upload
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lentity Card of Department/ Retired Officer's lentity Card / ECHS Card / CGHS Card/ Canteen Card or serving defence service	Choose File No file chosen	View	Upload
fficers(jpg/png/pdf.max:2MB)			
ertificate of the officer that pay and allowances / ension Pay Order (PPO) if officer is retired, are eing drawn from the Consolidated Fund of ndia/State or officer is on leputation(jpg/png/pdf.max:2MB)	Choose File No file chosen	View	Upload
alary/Pension Slip(jpg/png/pdf,max:2MB)	Choose File No file chosen	View	Upload
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TEST WEBSITE

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Application Details – Preview

Please check the information you have provided.



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DATE OF BIRTH*

PAN*

(3 Pages')





Logout



AADHAAR*	
Email*	

TELEPHONE NO.

MOBILE*

RESIDENCE (WITH CODE)

OFFICE (WITH CODE)

CATEGORY OF MEMBERSHIP APPLIED FOR*

HANDICAP CERTIFICATE(For Golf Handicap Category Only)

WHETHER SPOUSE WOULD USE PLAYING/NON-PLAYING FACILITIES (Check For Yes)

SPOUSE NAME

SPOUSE DATE OF BIRTH

PLAYING OR NON-PLAYING

HKUMAR975757@GMAILCOM			
9212669585			
9212669585			
9212669585			4724
		NAME NO PE	N. ISIN
GOVERNMENT CATEGORY INDIVIDUALS	~	3 Years	*
NA			
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APCD			
ADCD.			
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STEP-4 SUBMIT





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	YOUR APPLICATION STA	ATUS IS: <u>Not submitted yet</u>
P-1 : BASIC DETAILS STEP-2 : CI	HILDREN DETAILS STEP-3 : UPLOADS STEP-4 : SUBMIT	
	Preview	1
	CERTIFICATE	
	1. The information furnished is correct to the best of my knowledge.	网络总线科 经 线 子
	2. It is certified that I accept the rules and regulations of Dwarka Golf Course and shall ab	ide by them.
	Submit	





		YOUR APPLICATION STAT		NOR
STEP-1 : BASIC DETAILS STEP-2	CHILDREN DETAILS STEP-3 : UPLOADS STEP-4 : SUBMIT		- NA	X
		- ANA		X
	CERTIFICATE	<u>1988888</u> 8		X
	2. It is certified that I accept the rules and regulations of Dwarka Golf Course and shall abide by them.		XXX	X
	☑ ACCEPT		XXX	X
	Submit			
				N

FINAL STEP - PAYMENT





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Payment Information

r Credit Card	We Accept : Decide RuPays VISA	ORDER DETAILS Order #: DGC_LP8508_20241204152508
Debit Cards	Card Number	Order Amount 1.48
		Total Amount INR 1.48
Net Banking	Expiry Date CVV	
UPI	Month v Year v 576 I agree with the Privacy Policy by proceeding with this payment. INR 1.48 (Total Amount Payable)	
	Make Payment	
	Cancel	
Powered by 🎦 HDFC BANK	κ	Kastercad, Verifieder Safekey RuPays Tayes

Enter details and click on Make Payment

Thank You

Aspiring Members may visit the DDA Golf Course Dwarka Visiting Hours: 11 AM to 4 PM on all days less Sunday Contact Number: 8588823469 (Available from 11 AM to 4 PM)