

ASSOCIATE MEMBERSHIP APPLICATION FORM

FOR OFFICE USE ONLY

1. Membership No.

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 2. Date Of Membership

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3. Entry Fee Rs.

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 4. Application No.

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5. Name (in Block Letters)

[illegible][illegible]

8. Primary Membership No.

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[illegible][illegible]

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[illegible]

										PIN						
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[illegible]

12. Mobile No. (Mandatory)

13. Email ID (Mandatory)

14. Occupation ☐ Service ☐ Business ☐ Profession ☐ Others

[illegible]

16. Date Of Birth

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17. Gender ☐ Male ☐ Female ☐ Others

18. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widow

19. Nationality ☐ Indian ☐ Foreign

[illegible]

21. Details of Dependents (Spouse& children between 5 to 21 years only)*who are to be enrolled.

Name	<div></div>																Attach colored Stamp Size photograph
Relation*	<div></div>	Date Of Birth		<div></div>	<div></div>	<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
Name	<div></div>																Attach colored Stamp Size photograph
Relation*	<div></div>	Date Of Birth		<div></div>	<div></div>	<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
Name	<div></div>																Attach colored Stamp Size photograph
Relation*	<div></div>	Date Of Birth		<div></div>	<div></div>	<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
Name	<div></div>																Attach colored Stamp Size photograph
Relation*	<div></div>	Date Of Birth		<div></div>	<div></div>	<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
Name	<div></div>																Attach colored Stamp Size photograph
Relation*	<div></div>	Date Of Birth		<div></div>	<div></div>	<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			

(*S-Son, *D-Daughter, *W-Wife, *H-Husband)

Note: - Document 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.

(Signature of Applicant)

22. I enclose herewith a Demand Draft No.....dated..... drawn on
.....in favour of "**CAU SPORTS DDA**" for an amount of **Rs.118/- (Rs.
One Hundred Eighteen Only) against the cost of application form.**

(This is applicable when not paying by Debit/Credit Card/UPI)

23. **Undertaking**

- ❖ All information furnished above is correct. However, my application form is liable to be rejected if details found to be incorrect.
- ❖ I have read the Rules and Regulation Bye-laws contained in the brochure of Poorv Delhi Khel Parisar and undertake to abide by the same.

(Signature of Applicant)

Application No.....

ACKNOWLEDGEMENT SLIP
DELHI DEVELOPMENT AUTHORITY
POORV DELHI KHEL PARISAR, DELHI

Received from Mr./Ms./Mrs application for the Associate Membership
of Poorv Delhi Khel Parisar, and a Cash/Demand Draft No.....dt.....drawn on
.....for an amount of **Rs.118/- (Rs. One Hundred Eighteen Only)** or
through Debit/Credit Card/UPI.

(Signature of the Receiving Clerk)

GUIDELINES FOR OBTAINING OF ASSOCIATE MEMBERSHIP

FOR POORV DELHI KHEL PARISAR

1. Application forms can be downloaded from home page and sports page of DDA's website "www.dda.gov.in".
2. Only one application should be submitted by an individual.
3. 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 gazetted holidays. (Lunch Time 01:30 PM to 02:00 PM).
4. Membership form charges Rs.118/- be deposited while submitting the form.
5. Applicants will be required to deposit Entry Fee of Rs. 15190/- 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).**
6. Monthly subscription for one year in advance @Rs.330/- for main member per month. Dependent not applicable.
7. Rs. 60/- for each I-card.
8. 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.