

PARENTS ASSOCIATION OF DEAF CHILDREN ®

197/1, Sahukar Channah Road, Janatha Nagar, Bogadi, 2nd Stage, Mysore – 570009

APPLICATION FOR MEMBERSHIP

1. Name of son/ daughter Date of Birth Details of training year & duration Qualification / Occupation	: : : :	
2. Mother's Name	:	
3. Father's Name	:	
4. Qualification / Occupation of Mother	:	
5. Qualification / Occupation of Father	:	
6. Address <div style="text-align: center;">Permanent Address :</div> <div style="text-align: center;">Present Address :</div>	: :	
7. Mobile Number E-mail ID	: :	

I have admitted / trained my son/ daughter in Institute of Mother and Deaf Child. As per training rules and regulations. I wish to register / renew my membership of the Association. I will abide by all the rules and regulations of the Association.

Place :

Date :

Signature of the Parent

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For Office Use

Received Rs. Rt No. dated vide cash/cheque/ NEFT dated on towards membership of PADC.

Date :

Secretary / Treasurer