



PARIVARTAN

A Mental Health Support Group

C/O DART Services, Old GIMRC Building, Opp. St. Anne's School
Sector-32 C, Chandigarh

Email: parivartanchd2008@gmail.com Website: www.parivartan.in.net

Tel. +91 97800-51749

(NEW MEMBER APPLICATION FORM)

Name :

Date of birth :

Father's Name :

Gender :

Education & profession :

Present designation :

Institutional affiliation:

Previous contribution in the field of mental health (if any): Yes/ No, if yes, please give details

Complete address for communication:

City: _____ State: _____ Pin: _____

Phone number: _____ Email id: _____

Undertaking:

I hereby solemnly pledge that I shall promote the aims and objectives of Parivartan to the best of my ability and shall abide by its constitution and bylaws.

All information given by me in this form is true to the best of my knowledge.

Signature of the applicant:

Date & Place:

Details of membership fees:

Life Membership fees: Rs. 2000/- (once only)

Annual membership Fee: Rs. 500/- (for students only)

Payment options: (Membership fees can be paid through cash/DD/Cheque/NEFT)

Demand Draft/Cheque: In favour of Parivartan, Chandigarh

Account number-32617516825, IFSC Code: SBIN0010607 Branch Code (MICR): 160002043, State Bank of India, GMCH Branch, Sector- 32, Chandigarh

For office use only:

Type of membership taken (Tick as applicable): Lifetime membership/student category

Receipt number issued:

Signature of Gen. Secretary:

Affix latest
photo