

Form No:



Million Smiles Organization

Spreading Smiles in Lives

Affix your
Photograph here

Reg.NO:(Leave it blank)

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Registration Form

Personal Information:

Name (In Capital letters):

Alias/Aka:

Mother's Name/Guardian:

Father's Name/Guardian:

Date of Birth:

Sex:

Marital Status:

Name of Spouse:

Religion: Race:

Nationality: Region:

Mother Tongue:

Contact Info:

Permanent Address:

Temporary Address:

Mobile No(s):

e-mail address:

Qualifications and Experiences

Academic Qualifications:

Professional Qualification:

Work Experiences:

Languages known:

About You:

Fine Arts/Performing Arts:

Exceptional Knowledge:

Qualities:

Aims of your life:

Doing/Learning anything new or intend to do/learn in near future

Other Information:

Hobbies/Interests:

Occupation(s): Annual Income:

Mode and Type of Association:

How you came to know about us

Introduced By: Reg. No.

Name

How you can assist:

Why you want to join:

DECLARATION

It is hereby declared that the above particulars furnished by are true and correct. That I, the applicant, have read and understood the objectives and rules of the organization and also have undertaken the 'Oath of Membership'. It is committed and assured that the rules and regulations will be adhered by and the mission of the organization will be carried forward and accomplished in its letter and spirit. If, in case I am unable to carry out my 'Duties' and obligations, or indulge in any unwarranted activity, the organization can take appropriate action against me.

Place

Date

Signature of Guardian

Signature of Applicant

Enclosures/Checklist

Photo Identity Proof (Photo Copy):

Photograph:

Filled all information:

Registration Fee:

N.B. If still any confusion or query in your mind please feel free to contact us.

Residential Proof (Photo Copy):

Signatures: