



LIFE MEMBERSHIP FORM

1. Full Name (Block Letters) :
2. Father's Name :
3. Passport No. :
4. QID No. :
5. Profession :
6. Office/Business :
- Post Box No.....
7. Residence Address in Doha :
- Post Box No.....
8. Contact Numbers : Office.....Res.....
- Fax.....Mob.....
- E-mail.....
9. Permanent Address in India :
-Tel.....

10. Name and Details of Family Members:

Sl.No.	Name	Relationship	Date of Birth	Passport No.

I confirm that I will abide by the Rules and Regulations of the Indian Cultural Centre.

Date:.....

Signature

NB:-

- i) The Life Membership Fees will be QR. 500/- per person NON-REFUNDABLE.
- ii) Please attach photocopy of your passport including the page of Residence permit with two photographs.

FOR OFFICIAL USE

Receipt No:.....

Date:.....

Membership No. LM:.....

Office Admin

President

Head of Membership