

SOUTH ZONE SAHODAYA COMPLEX

THIRUVANANTHAPURAM

MEMBERSHIP REGISTRATION FORM

1. a) Name of the school :
- b) Address of the school :
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- c) Contact Number :
- d) Email Address :
- e) Website :
3. School Code :
4. Affiliation Number :
5. Year of affiliation :
6. School Belongs to : Trust/Society Reg no :
7. Name of the Trust/Society :
8. a) Name of the managing Trustee/
Manager/Chairman/Correspondent :
- b) Contact Number :
9. a) Name of the Principal :
- b) Contact Number :

Declaration

All the information mentioned above is true to my knowledge. I promise to work selflessly for the cause of education and abide by the regulations set by South Zone Sahodaya Complex, Thiruvananthapuram.

Signature

<u>Office Use</u>	
Amount Paid	:
Date of payment	:

President

Secretary

Treasurer