

Seva Yagna Samiti

Serving for Poor Patients....

Field Office : Nr PP Unit,
Civil Hospital, station Road
Bharuch 392001
Phone: +91 02642 645950

Registered Office: C/300 shreeji Puri,
Balali Kho,
Bharuch 392001
+91 02642 267870

Personal Information form : (for private & Trust use only)

Name of the Applicant : _____

Gender : M / F _____

Date of Birth : ____ / ____ / ____

Blood Group : _____

Permanent Address : _____

Dist : _____ Pin: _____

Contact : Mobile No : _____

Land line No : _____

E-mail ID : _____

Qualification : _____

Profession : Service / Business / _____

Working Hours: _____ Hrs. to _____ Hrs.

Weekly Off : _____

Office Address: _____

Dist : _____ Pin: _____

Family	Name	Date of Birth	Routine Work	Blood Group
Spouce		/ /XXXX		
Son		/ /		
Son		/ /		
Daughter		/ /XXXX		
Daughter		/ /XXXX		

Are you associated with other Institute or Organization: Y / N

if yes , Please specify: _____

Do you have your own Four wheeler: Y / N (in case of emergency use)

Have you taken First-Aid Training any where : Y / N

• How much time would be comfortable to you to spare for SEVA :

____ days per Week / Month / Year / on call basis (Please tick whichever is applicable)

(1) _____ (2) _____ Month

I the undersigned is willing to work / serve for the society in auspices of Seva Yagna Samiti in accordance with the trust constitution and resolutions which shall be bound to me.

Applicant Sign

Date: _____

Place: _____