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| |  |  |  | | --- | --- | --- | | **Teena Gautam Charitable Trust, Ahmedabad (PARENTS’ ORGANISATION)**  (For Persons with Mental Handicape/Mental Retardation, Autism, Cerebral Palsy & Multiple Disabilities)  **Trust Regn. No.** E/21572/ Ahmedabad dated 29.11.2016, **NITI Aayog Regn**. GJ/2018/0190420,  **NCPO, New Delhi** (PARIVAAR), affiliation Memebership **No. GJ-117** of 13th Jan, 2019  **PAN**: AACTT-87029G of 21.09.2016 and **80G:** AACTT-87029G/701/17-18/T1519/80G (5)/18.05.18  **Office Address: B-202, Jeevan Dham, Near Bima Nagar, Satellite Road, Ahmedsbad-380015Contact:** Tele. No. (Office): **079-26761495,** : Mobile: **9426446402, 9328009778**  Email: [Meenakshi1998@gmail.com](mailto:Meenakshi1998@gmail.com)**,** [**vkgautam13@rediffmail.com**](mailto:vkgautam13@rediffmail.com)   |  |  | | --- | --- | | **APPLICATION FOR MEMBERSHIP** (Put tick mark where required) | **TGCT Membership No.:**  **PM/LM/00 / 20** |   **1. Name of the Applicant Association:**  **2. Complete Address (with Pin Code):**  **3. Telephone Nos. (with STD code):**  **4. Category of Applicant:** Parent/sibling/Professionals’ Association/ Voluntary/ (circle one category)  **5. In case already working for (Disability sector/ NGO)**: If yes, fill up details as below:  **5.1 Name of an NGO:**  **5.2 Field:**(Autism/MR/CB/other ***Divyang*** Categories)/ Philanthropist/ professsional (Circle one category)  **6.Category of Membership/ Donation:** Patron / Life Membership (Circle one category) or donation  61. Fee payable once in life for either of the categories.  **6.2 Patron Member:**  One-time lumpsum Corpus Donation of **not less than Rs. 25,000/=**  6.3 **Life Member**: Rs. 2,000/= one time  **7. Declaration**: I/We have read the instructions/Constitution of TGCT and agree to abide by the same. Our membership shall be subject to approval by the Board and after approval, I shall contribute for the fulfillment of the aims and objectives of the Trust.  8. Enclosed: **Donation**/ Onetime Corpus and Membership Fees / others of Rs.---- = (draft/ Cheque **No. ----------------Dated in favour of TGCT, Ahmedabad, payable at Ahmedabad-380015.**  **9. Donation: If more than Rs. 2,000/= shall be accepted only by cheque/ Draft. Donations in F/O TG Charitable Trust** Ahmedabad, HDFC bank-A/C No**. 50200026548570,** IFSC code-**HDFC-0000006**  **Date*:*(Name ) Contact:**  **Place: Mail ID:**  **----------------------------------------------------------------------------------------------------------------------------**  **FOR OFFICE USE:**  Application Recd. on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Receipt No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_  Treasurer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_Gen. Secretary’s Signature\_\_\_\_\_\_\_\_\_\_\_  Membership: APPROVED / NOT APPROVED BY E.C. as Patron Member/ Life Member, during the Meeting held at \_\_\_\_\_\_\_\_\_\_\_\_**Membership No. TGCT/ PM/LM/00 /201** allotted.  Official Seal and date | |