

MAHESHWARI PRAGATI MANDAL, MUMBAI
Maheshwari Bhavan, 603 Girgaon Road (Chira Bazar), Mumbai – 400 002.
Telephone No. – 2200 5026 / 27

Date: ____/____/____

To
The Secretary
Maheshwari Pragati Mandal
Mumbai – 400 002

Sir,

Subject: My details for Publication in New Karyakarta Directory for the Period 2018-20

I, _____
First Name Middle Name Last Name

give my consent for becoming a member of _____ (Samiti Name)

I am not a Member of Mandal

I am a Patron/Ordinary/Life Member of Mandal with Membership No. _____

My Personal details are as mentioned below:

Gender: M / F Date of Birth: DD/MM/YYYY Married/ Single Anniversary: DD/MM/YYYY (If applicable)

Residence Address : _____

Office Address : _____

☎ Mobile: _____ Residence: _____ Office: _____

E-Mail Id: _____

Yours Sincerely,

(Signature)

Special request for providing information :

Based on information furnished by you, your Name, Address, Telephone No. & other information will be published in the Karyakarta Directory. Hence we request you to furnish the necessary information in this form, clearly, to facilitate expeditious publication of Karyakarta Directory.