

KERALA STATE ELECTRONICS SERVICE TECHNICIANS' ASSOCIATION



Head Office - Adam Star Complex,
 Bhima Junction, Thodupuzha P.O.,
 Idukki - 685 584, Post Box No - 14
 Web : ksesta.com | Email : ksesta.org@gmail.com

REG. No. 08-06/1999

APPLICATION FORM & DATA SHEET

| | |
|-----------|--|
| REG.No. | |
| RECEIT No | |
| DATE | |

| | | |
|---------------------------|------------------|-------|
| NAME IN BLOCK LETTERS | | |
| DATE OF BIRTH | AGE | YEARS |
| RESIDENCE ADDRESS | | |
| | | |
| | | |
| | PINCODE | |
| RES. NUM WITH STD CODE | 0 | |
| SHOP ADDRESS | | |
| | | |
| | PINCODE | |
| MOBILE NUMBERS | 1 | 2 |
| EMAIL ADDRESS | | |
| EMERGENCY CONTACT NAME | | |
| EMERGENCY NUMBERS | 1 | 2 |
| PROF. QUALIFICATION | | |
| PROF. EXPERIENCE IN YEARS | | |
| PROFESSIONAL SPECIALITY | | |
| VOTER ID CARD NUMBER | | |
| PASS PORT NUMBER | VALID UPTO | |
| DRIVING LICENCE NUMBER | VALID UPTO | |
| PAN CARD NUMBER | | |
| ADHAR CARD (UID)NUMBER | | |
| NPR CARD NUMBER | | |
| BLOOD GROUP | HEALTH CONDITION | |

PASSPORT SIZE
PHOTOGRAPH

OFFICE SEAL

To
 The Secretary
 KSESTA..... District
 Sir,

I would like to become a member of KSESTA. I hereby declare that there are no legal issues against me.
 I will obey all the rules and regulations of KSESTA and promise that I will be an active member of KSESTA.

Date : Signature :

We know Mr/Mrs/Miss..... personally and we declare that the details given in the registration form are true. We support him/her for his/her membership.

Name & Signature of Intoducer Supporter

Registration No Regustratuin No.....