

**CHHOTANAGPUR CULTURAL ASSOCIATION**  
**of**  
**CHENNAI TAMILNADU (Regd.)**

No. A-9 TNHB ANANDAM FLATS, SIDCO NAGAR, MAIN ROAD,  
VILLIVAKKAM CHENNAI- 600 049

**MEMBERSHIP FORM**

I would like to enrol myself as a member of the Chhotanagpur Cultural Association of Chennai. My bio-data is as under:-

1. Name.....S/D/H of.....
2. DOB.....Sex.....Edu. Qualification.....
3. Occupation.....Designation.....
4. Present Address.....  
Ph. No. Res.....Office.....Mobile.....
5. Permanent Address:.....
6. Name of the Place originally belongs to.....  
(Name of the Scheduled Tribe).....
7. Details of family members:

Sl. No.	Name	M/F	DOB	Blood Group	Educational Qualification	Occupation

8. Language Known. Mother tongue/Reading/Writing/spoken.....
9. Knowledge of musical instrument.....
10. Knowledge of folk songs and Dance.....
11. Reason for seeking membership.....
12. Are you member of any other association. Yes/No  
(If Yes: Name of the Association-Membership No.....)

I declare that all the particulars furnished above are true. I have gone through the objectives, rules and regulations of the Chhotanagpur Cultural Association of Chennai and I hereby undertake to abide by the same.

Place:

Date:

Signature of the Applicant

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**Official use only**

President / Secretary

Registration No.....