





LENSFED

LICENSED ENGINEERS & SUPERVISORS FEDERATION

Kerala State committee
Lensfed Bhavan, Lenin Nagar, Bakery Jn, Thiruvananthapuram

ASSOCIATE MEMBERSHIP REGISTRATION FORM

District	Area	Unit	Panchayath/ Municipality/Corporation	(Photo)
Name	:			
Residential Address	:			
Post Office	:			Pin:.....
Contact No.	:			 :
E-Mail	:			
Name of Employer	:			
Office Address/ Employer Address	:			
Post Office	:			Pin:.....
Contact No.	:			 :

DOB	Age	Blood Group	Gender		Marital Status	
			Male	Female	Married	Unmarried

AADHAAR No: _____

Academic Qualification : _____

Skills : _____

Year of Passing : _____

Additional Qualification, if any : _____

Membership in Other Organizations : _____

Hobby : _____

Declaration

I, hereby declare that the details furnished above are true and correct.

Yours faithfully,

Place:

Date:

Name & Signature

Declaration of Recommended LENSFED Member

I,(Name).....(Lensfed id No.) from
..... Unit Area,.....District
hereby declare that the details furnished above are true and correct in my knowledge.

Place:

Date:

Signature