



LENSFED

LICENSED ENGINEERS & SUPERVISORS FEDERATION

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

MEMBERSHIP REGISTRATION FORM

District	Area	Unit	Panchayath/ Municipality/Corporation		(Photo)	
Name		:				
Residential Address		:				
Post Office		:			Pin:.....	
Contact No.		:			:	
Office Address/Address for Communication		:				
Post Office		:			Pin:.....	
Contact No.		:			:	
E-Mail		:				
DOB	Age	Blood Group	Gender		Marital Status	
			Male	Female	Married	Unmarried
AADHAAR No:						
Academic Qualification		:				
Additional Qualification		:				
Skills		:				
Category of License Obtained		:				
License No		Date of Issue	Next Date of Renewal			
Membership in Other Organizations		:				
Other Professional Activities/Business		:				
Hobby		:				
Declaration						
I, hereby declare that the details furnished above are true and correct.						
Yours faithfully,						
Place:		Name & Signature				
Date:		Name & Signature				
For Office Use						
District Secretary/President		Area Secretary/President		Unit Secretary/President		
sign		sign		sign		