

Subscription Form For Matrimonial Alliances

Form must filled in Block letter

A) Name Title:		Dr / Ms / Mrs / Mr	
B) First Name :			
C) Family Name :			
D) Life Time Membership:	Yes	No	If Yes, Membership Number:
E) Subscription Fee's : (Subscription is valid for 6months only)			
1. Rs 1,500/- (KPA Members)		2. Rs 2,500/- (KP's and Non Members)	
F) Permanent Address			
House Number :		Street :	
Area :		City :	
Pin Code :		State :	
G) Payment -			
Cash	Yes	No	
Cheque Details - Name Of Bank : Cheque Number : Cheque Date : Amount :			