## Form - Entry of Records of Registration of Society /Club/NGO under Govt of WB

Total Entry of Records of Registration of Society Felds/1400 and Cr dovt of 140			
:: Contact Person Details ::			
Name *			
Address *			
Email *			
Phone No *			
APPLICANT`S BAS	SIC INFORMATION		
NAME OF APPLICANT *			
DATE OF BIRTH * ( DD/MM/YYYY )			
GENDER *	○ Male ○ Female ○ Trans Gender		
MOBILE NO *			
E-MAIL ID			
AADHAAR NO			
NAME OF THE SOCIETY / NGO / CLUB * As Per Registration Certificate	/ CLUB DETAILS		
OBJECT *			
LEGACY REGISTRATION NUMBER * As Per Registration Certificate			
DATE OF REGISTRATION * As Per Registration Certificate ( DD/MM/YYYY )			
VOLUME OF REGISTER AND FOLIO			
LAST AGM DATE ( for which Annual Return filed )			
PERIOD UPTO ( for which Annual Return filed )			
ADDRESS OF REGISTERED OFFICE			
STATE *	- select -		
DISTRICT *			
SUB-DIVISION *			
AREA TYPE *	○ Urban ○ Rural		

BLOCK / MUNICIPALITY / CORPORATION *	<ul><li>○ Block</li><li>○ Municipality</li><li>○ Corporation</li></ul>	
BLOCK / MUNICIPALITY / CORPORATION NAME *		
POLICE STATION *		
POST OFFICE *		
VILLAGE OR WARD *		
LANDMARK *		
PLOT NO		
PIN CODE *		
EXPIRATION OF FINANCIAL YEAR		
FINANCIAL YEAR END DATE *		
MEMBERS DETAILS		
PRESIDENT NAME *		
DATE OF BIRTH * ( DD/MM/YYYY )		
GENDER *	<ul><li>○ Male</li><li>○ Female</li><li>○ Trans Gender</li></ul>	
OCCUPATION *		
MOBILE NO		
E-MAIL ID		
PRESIDENT FULL ADDRESS WITH PIN NO *		
VICE-PRESIDENT NAME *		
DATE OF BIRTH * ( DD/MM/YYYY )		
GENDER *	<ul><li>○ Male</li><li>○ Female</li><li>○ Trans Gender</li></ul>	
OCCUPATION *		
MOBILE NO		
E-MAIL ID		
VICE-PRESIDENT FULL ADDRESS WITH PIN NO *		

Ashadi	n PSC	Admin

SECRETARY NAME *	
DATE OF BIRTH * ( DD/MM/YYYY )	
GENDER *	<ul><li>○ Male</li><li>○ Female</li><li>○ Trans Gender</li></ul>
OCCUPATION *	
MOBILE NO	
E-MAIL ID	
SECRETARY FULL ADDRESS WITH PIN NO *	
ASST. SECRETARY NAME *	
DATE OF BIRTH * ( DD/MM/YYYY )	
GENDER *	○ Male ○ Female ○ Trans Gender
OCCUPATION *	
MOBILE NO	
E-MAIL ID	
ASST. SECRETARY FULL ADDRESS WITH PIN NO *	
TREASURER NAME *	
DATE OF BIRTH * ( MM/DD/YYYY )	
GENDER *	<ul><li>○ Male</li><li>○ Female</li><li>○ Trans Gender</li></ul>
OCCUPATION *	
MOBILE NO	
E-MAIL ID	
TREASURER FULL ADDRESS WITH PIN NO *	
MEMBER NAME *	
DATE OF BIRTH * ( DD/MM/YYYY )	
GENDER *	<ul><li>○ Male</li><li>○ Female</li><li>○ Trans Gender</li></ul>

OCCUPATION *	
MOBILE NO	
E-MAIL ID	
MEMBER FULL ADDRESS WITH PIN NO *	
MEMBER NAME *	
DATE OF BIRTH * ( DD/MM/YYYY)	
GENDER *	<ul><li>○ Male</li><li>○ Female</li><li>○ Trans Gender</li></ul>
OCCUPATION *	
MOBILE NO	
E-MAIL ID	
MEMBER FULL ADDRESS WITH PIN NO *	
Add More Member (if add more member please download below file name - Members Details.xlsx	Browse No file selected.
and fill-up and attached)	

## **SUPPORTED DOCUMENTS**

SCAN IN 300DPI COLOR , FILE FORMAT - JPEG,PDF . FILE SIZE - Maximum 500KB / 3MB

REGISTRATION CERTIFICATE *	Browse No file selected.
LAST PAYMENT RECEIPT *	Browse No file selected.
MEMORANDUM *	Browse No file selected.
REGULATIONS *	Browse No file selected.
OBJECTIVE	Browse No file selected.
LAST AGM	Browse No file selected.
OTHER DOCUMENT	Browse No file selected.

## SPONSORED INFORMATION AND FINAL SUBMISSION

	SPONSORED NAME	○ Yes ○ No	
	IF Yes, GIVE THE SPONSORED USERNAME		
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