



ASSOCIATION OF PARENTS AND PERSONS WITH DIFFERENTLY ABLED-APPDA
 Under the Umbrella of Centre for Disabilities & Gerontology Research- CDGR,
 460 C, Social and Behavioral Health Academy, P O Naluthara, Moonnanagadi, Mahe,
 Puducherry-673310 www.sabahamahe.in cdgrmahe@gmail.com 7510363799

Centre for Sustainable Development
 Digital Service and E-Learning Centre
 Centre for Career Research and Administration
 Centre for Disabilities and Gerontology Research
 SCEITHA-9447300389
 SBI ACC- 0436274413

APPLICATION FORM FOR MEMBERSHIP/VOLUNTEERSHIP

Name		Passport Size Photo	
Age			
Sex			
Religion and Caste			
Ward No			
Mobile No/ Whatsaap No			
E Mail ID			
Present Address:			
Highest Edu. Quali SSLC/+2/UG/PG/M.Phil/PhD			
Name School/College (For Student)			
Type of Home (Own/Rent/Other)			
Marital Status (Married/Unmarried/Single Parent//Divorce/Separate/Widow)			
Occupation			
Annual Income			
Source of Income (Pension/Other)			
Type of Disability			
Disability Since			
Are you a Member of any Club/NGO?			
Willingness to Attend Training Program?	Willing/Not Willing		
Willingness to Pay /Membership Fee / An	Yes/No		
Your Field of Interest (<i>Arts, Sports, Games, Media, Social Media, Charity Work, Other</i>)			
I hereby state that the given informations are true. I have submitted a copy of Address Proof and Disability Certificate.			
		Signature with Date	
OFFICE USE			
Name of the Applicant		Application Verified by Kalayarasu M Convener, APPDA	
Date of Application			
Membership Fee Paid			
Reg.No with Date		Suresh Babu Cherukallayi Patron, APPDA	
Application Approved by			
Sajeer Cherukallayi Secretary, APPDA	Lismi Saji Co-ordinator, CDGR	Ashitha Basheer Centre Head, CDGR	Dr. Mahesh Palloor Director, SABHA

APPDA has Received Application for Membership from
 On The Applicant paid fee towards Membership of Rs.....

President, APPDA

Treasurer, APPDA

