

Society for Eradication of Living Fragmentation, Holistic-Healing and Enhancement of Livelihoods for Poor (SELF HELP)

‘Anandam’ 13 DVC Colony, Mussoorie Diversion Road, Malsi, P.O – Sinola, Dehradun – 248003 Email: selfhelpindia@gmail.com ; info@selfhelpindia.org
Contact Phone : 91-7060261919; 9760505513,9760789032

Please Affix
your
Photograph

MEMBERSHIP FORM

Name: _____

Father's Name / Mother's Name: _____

Address: _____

Phone /Mobile Numbers _____

Email: _____

Date of Birth (Optional) : Age: Blood Group: Sex: Male / Female/Others

Educational and Professional Qualifications: _____

Present Occupation/ Engagement (Please give details if you are a student or not engaged in any economic activity):

Professional Experience (Area in which you have worked /working with No. of Years):
Areas of work _____ No. of Years _____

Skills (Any skills that you have such as Photography, Driving, Gardening, Agriculture/Farming, Pickle making, IT, Marketing, Documentation, Yoga, Healings like Pranic Healing, Marma Chikitsa, Reiki, Homeopathy, Ayurveda etc.): _____

Hobbies (Writing, Film Making, Photography, Sketching, Travelling, etc.): _____

Areas of Interest in Development or Social Field (i.e. Education, Health, Micro-Finance, Rural Development, Livelihood promotion etc.) : _____

Reason of Joining SELF HELP:

Recommended By (Write Name of the person if somebody has recommended you to join SELFHELP otherwise write Not Applicable : _____