

19.	Educational Institutions attended (Give full Particulars from Primary to-date)	From	To	Qualification	Grade Achieved
20.	Service background (last 20 years)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
21.	Fmn / Unit with Station	Designation / Appt Held		From	To
22.	Hobbies				
23.	Interest in Sports				
24.	Reference – Three Club Members Name, Address and Telephone Numbers.	a. _____ _____ b. _____ _____ c. _____ _____			
25.	Reference – Any two other persons non club member with Name, Address and Telephone Numbers.	a. _____ _____ b. _____ _____			
26.	Membership of other Club / Gym	a. _____ b. _____ c. _____			
27.	I am a member of DHA (Yes / No)				
28.	Boat ownership Status				
29.	Average Monthly Income/ Salary				

Date: _____ **Signature of Prospective Member:** _____

Note: Please return this form duly filled within a month.



Defence Authority Marina Club

PROSPECTIVE MEMBERS PROFILE (SPOUSE)

Date: _____ (TO BE FILLED IN OWN HAND WRITING) Serial No. _____
(Use Black Ink)

1.	Name																								
2.	Father's Name																								
3.	Date / Place of Birth																								
4.	CNIC No. (Attach Photocopy)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							
5.	Religion																								
6.	Temporary Address & Tel No.	<hr/> <hr/>																							
7.	Permanent Address & Tel No.	<hr/> <hr/>																							
8.	Address before marriage & Tel No.	<hr/> <hr/>																							
9.	Office Address & Tel & Fax Nos.	<hr/>																							
10.	Cell No.																								
11.	E-mail																								
12.	NTN No.																								
13.	Passport No. with date of Issue																								
14.	Describe your Profession Business at least in five sentences	<hr/> <hr/> <hr/>																							
15.	Educational Institutions attended (Give full Particulars from Primary to-date)	From	To	Qualification	Grade Achieved																				
16.	Any other information																								
17.	Average Monthly Income /Salary																								

Date: _____

Signature of Spouse: _____

Note: Please return this form duly filled within a month.