

REFERENCE

1. Give reference of two persons, having DHA Membership who are known to you personally.

a.	Name : _____	b.	Name : _____
	S/O : _____		S/O : _____
	Address & Tel Phone _____		Address & Tel Phone _____
	_____		_____
	_____		_____
	NIC No. _____		NIC No. _____
	DHA Member Ship No. _____		DHA Member Ship No. _____

BANK DRAFT/PAY ORDER

Pay Order/Bank draft No. _____ amounting to Rs . _____
dated _____ drawn on _____
on account of membership fee is attached.

TO BE SIGNED BEFORE DHA DESIGNATED OFFICER

Signature _____

Signature _____

Signature _____

Thumb Impression

Left (Male) Right (Female)

FOR OFFICE USE

Date _____

Deputy Director