



بِسْمِ تَعَالَى

Rs. 5/-

KHOJA (PIRHAI) SHIA ISNA ASHERI JAMAAT KARACHI - PAKISTAN  
خوجہ (پیرہائی) شیعہ اثنا عشری جماعت کراچی پاکستان  
ಖೋજ (ਪੀਰਹਾਈ) ਸ਼ੀਆ ਈਸਨਾ ਅਸ਼ਰੀ ਜਮਾਤ

Form No. \_\_\_\_\_

TOKEN No. \_\_\_\_\_

MEMBERSHIP FORM

1) Full Name		Surname	
2) CNIC/NICOP/POC		3) JID/JCIC	
4) Father's Name		Surname	Alive <input type="checkbox"/> Yes <input type="checkbox"/> No
5) CNIC/NICOP/POC		6) JID/JCIC	
7) Mother's Name		Surname	Alive <input type="checkbox"/> Yes <input type="checkbox"/> No
8) CNIC/NICOP/POC		9) JID/JCIC	
10) Husband's Name		Surname	Alive <input type="checkbox"/> Yes <input type="checkbox"/> No
11) CNIC/NICOP/POC		12) JID/JCIC	
13) Nationality		14) Citizenship No. / Passport No.	
15) Residential Address	House / Plot # _____ Flat # _____ Floor # _____ Building _____ Area _____ City _____ Country _____		
16) Residential Status	<input type="checkbox"/> Rent <input type="checkbox"/> Owned <input type="checkbox"/> Goodwill <input type="checkbox"/> Living with Father/Husband/ _____ <input type="checkbox"/> Any Other: _____ <input type="checkbox"/> No. of Family Member Living with you: _____		
17) Any Loan For House	<input type="checkbox"/> Yes <input type="checkbox"/> No if Yes From <input type="checkbox"/> Community <input type="checkbox"/> Trust <input type="checkbox"/> Office <input type="checkbox"/> Bank <input type="checkbox"/> Any Other Source: _____		
18) Contact Details	Mob. No. _____ Res No. _____ Off No. _____	Mob. No. _____ Email _____	
19) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	20) Place of Birth	City _____ Country _____
21) Date of Birth	D   D   M   M   Y   Y   Y   Y	Islamic Date of Birth	
22) Blood Group	<input type="checkbox"/> A +ve <input type="checkbox"/> A -ve <input type="checkbox"/> B +ve <input type="checkbox"/> B -ve <input type="checkbox"/> AB +ve <input type="checkbox"/> AB -ve <input type="checkbox"/> O +ve <input type="checkbox"/> O -ve		
23) Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow / Widower		
24) Languages Spoken	<input type="checkbox"/> Gujrati <input type="checkbox"/> Katchi <input type="checkbox"/> Sindhi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Persian <input type="checkbox"/> Arabic <input type="checkbox"/> Swahili <input type="checkbox"/> Any Other _____		
25) Mother Tongue	<input type="checkbox"/> Gujrati <input type="checkbox"/> Katchi <input type="checkbox"/> Sindhi <input type="checkbox"/> Any Other : _____		
26) Occupation	<input type="checkbox"/> Student <input type="checkbox"/> House Wife <input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Un Employed <input type="checkbox"/> Retired <input type="checkbox"/> Pensioner		
27) Income Bracket Per Month	<input type="checkbox"/> Upto 5,000 <input type="checkbox"/> Between 5,001 to 10,000 <input type="checkbox"/> Between 10,001 to 15,000 <input type="checkbox"/> Between 15,001 to 25,000 <input type="checkbox"/> Between 25,001 to 35,000 <input type="checkbox"/> Between 35,001 to 50,000 <input type="checkbox"/> Between 50,001 to 100,000 <input type="checkbox"/> Above 100,000		
28) Education	<input type="checkbox"/> Matriculation <input type="checkbox"/> Intermediate <input type="checkbox"/> Graduation <input type="checkbox"/> Post Graduation <input type="checkbox"/> Certification <input type="checkbox"/> Any Other: _____ Major _____		

29) Number of Dependents: _____ & Dependents Information				
Name of Dependent	Relation	DOB /AGE	CNIC/ Form B No.	Whether Earning <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

30) HEALTH		
Disease / Health Problem	Suffering Since	Hereditary <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

31) Sports	
You like most	<input type="checkbox"/> Foot Ball <input type="checkbox"/> Hockey <input type="checkbox"/> Cricket <input type="checkbox"/> Table Tennis <input type="checkbox"/> Any Other _____
Are you availing FSC Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wish to avail FSC Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to receive informative SMS and Email from Jamaat  Yes  No

I, the undersigned am Khoja by birth and follow Shia Isna Asheri faith and desire to be enrolled as an ORDINARY/LIFE/PATRON member of the Jamaat. Further, I agree and accept to abide by Constitution and Bye laws which shall come into force from time to time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Entered & Verified By Name & Signature \_\_\_\_\_ Convenor Membership Committee \_\_\_\_\_ Honorary Secretary \_\_\_\_\_

Please Attach  JID / JCIC  CNIC / NICOP / Passport / POC  B Form  2 Passport Size Photograph

Address: KPSIAJ Membership Cell, 174, Britto Road, Near Numaish, Karachi-74800 (Pakistan) Phone:+92-21-32233275,+92-21-32254763,E-mail: membership@kpsiaj.org

