		يسميه تعالى							FOR OFFICE USE				
									(F	(REMARKS)			
		KHOJA (PIRHAI) SHIA ISNA ASHERI JAMAAT KARACHI - PAKISTAN خوجه (پیرانی ) شیعها ثنا عِشری جما حت کراچی پا کستان							_				
5			ઓજા (	น้ำเส	ຍເຢ) ຊ	ીઓ ઈરનાર	ਸ਼ ਵੀ ਹ	THIC	_				
	TELL PROVIDENCE STREET AND LINES	MEMBERSHIP FORM					Μ				-		ect
1)	Full Name					Surname							
2)	CNIC/NICOP/POC					3) JID/JCIC							
4)	Father's Name					Surname				Alive	☐ Yes		No
5)	CNIC/NICOP/POC				(	5) JID/JCIC					-		
7)	Mother's Name					Surname				Alive	☐ Yes	; 🗆 r	No
8)	CNIC/NICOP/POC				9	) JID/JCIC							
10)	Husband's Name					Surname				Alive	C Yes		No
11)	CNIC/NICOP/POC					l2) JID/JCIC							
13)	Nationality		14) Citizenship No. / Passpo										
15)	Residential Address Residential Status	House /	Plot #	FI	at #	Floo	or #	Buil	ding				
		Area	t 🗌 Owned			_ City	vith Eathy	C		ry			
16)		Rent   Owned   Goodwill   Living with Father/Husband/     Any Other:   No. of Family Member Living with you:											
17)	Any Loan For House	Yes IN No if Yes From											
17)	Any Loan For House	🗌 Cor	nmunity 🗌	Trust		Office 🗌 E	Bank	Any Ot	her S	Source:			
18)	Contact Details	Mob. N	-				Mob. N	0.					
							Email						
	Gender	🗌 Ma			-	lace of Birth	1			Country			
- '	Date of Birth		MMYY			c Date of Birth				Khoja by Bir			
	Blood Group Marital Status	A +\		ل Marrie	B +ve	B –ve				ve 🗆 O+ d 🗆		0 -ve	
						Sindhi [						wiuo	wei
24)	Languages Spoken	□ Ara				Any Other			8.		. e. e. a.		
25)	Mother Tongue	□ Gujrati □ Katchi □ Sindhi □ Any Other :											
26)	Occupation	Student House Wife Employee Self Employed Un Employed Retired Pensi								ension	er		
27)	Income Bracket Per Month	□ Upto 5,000     □ Between 5,001 to 10,000     □ Between 10,001 to 15,000       □ Between 15,001 to 25,000     □ Between 25,001 to 35,000     □ Between 35,001 to 50,000											
		□ Between 15,001 to 25,000 □ Between 25,001 to 35,000 □ Between 55,001 to 50,000											
28)	Education				ntermediate 🛛 Graduation								
29)	Number of Depende				y Other: nts Information			Major					
Name of Dependent		Relation			DOB /AGE			CNIC/ Form I		0.	Whether Earning		
											□ Yes	<u>No</u>	
											□ Yes   □ Yes	⊥ No □ No	
											□ Yes		
30)	HEALTH		'							I			
	Disease /	Health Pr	oblem			Sufferin	g Since			He	reditary	No	
												No	
31)	Sports												
You like most Definition Proof Ball Hockey Cricket Table Tennis Any Other													
Are you availing FSC Facilities   Yes   No     32) Disability (if any)   Wish to avail FSC Facilities   Yes   No													
Yes No If yes please specify the type of disability													
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 timie to time.													
Date Signature of Applicant													
E	ntered & Verified By Name	& Signatur	e	Con	venor Me	embership Committ	ee		H	Ionorary Secreta	ry		
	ase Attach 🛛 🗍 JID /		_	P / Pa	ssport /	POC / BForm	2 PF	Size Photo	ograp	oh 🛛 Disa	bility Ce	rtificate	e
Address: KPSIAJ Membership Cell, 174, Britto Road, Near Numaish, Karachi-74800 (Pakistan) Phone:+92-21-32233275,+92-21-32254763,E-mail: membership@kpsiaj.org											j.org		

		M <b>'A'</b> ws No. 11)					
The Honorary Secretary Khoja (Pirhai) Shia Isna Asheri Jam Karachi.	× •						
I, the undersigned am Khoja by birt LIFE / PATRON member of Jamaa		a Asheri faith and desi	re to be enrolled as an C	GENERAL /			
I agree and accept to abide by the C shall come into force from time to t		aws of KPSIAJ and a	ny subsequent amendme	ents which			
I opt to be: GENERAL Member LIFE Member PATRON Member My particulars and details of my fai	by paying lif by paying lif	by paying life time subscription of Rs. 250.00 by paying life time subscription of Rs. 5,000.00 by paying life time subscription of Rs. 25,000.00 nbers are given hereunder:					
Name:	Father / Hu	sband Name:					
Grand father's Name/Husband's Fa							
Date of Birth:							
Present Resident (City)							
CNIC No.	-	-	(Copy Attached)				
Foreign Nationals Citizenship	No.		lo.	(Copy Attached)			
Residential Address:							
Cell No	Tel	(Res)	Tel (Office)				
Email:							
Details of Family Members:							
S. No. Nam	e	Relation	Date of Birth	Age			
1		Tention		1190			
2							
3							
4							
5							
6							
L							
□ I agree to receive informative \$	SMS and Email from	Jamaat	Yours tru	ly,			
Date:			(Signature of Applica	nt)			
We know the above applicant and the enrolling him as a member of the Ja		is correct to the best o	f our knowledge. We re	ecommend			
Name:	s/o		Surname				
Membership No.		-	Signature:				
Name:	s/o		Surname				
Membership No.     -     -     -     Signature:							
	FOB OEE	TICE ONLY					
		1 by On					
Subscription Received Rs.							
Membership Type:	L 🛛 LIFE	PATRON					

Entered & Verified By Name & Signature

Membership approved by the Managing Committee on \_\_\_\_\_

1.

2.

Honorary Secretary

Form entered on \_\_\_\_\_

Convenor Membership Committee