



MARWARI ANGELS

A MAHESH FOUNDATION INITIATIVE

The Marwari Angels Network (MaAn)

MEMBERSHIP REGISTRATION FORM

NAME OF APPLICANT :
FATHER'S NAME :
DATE OF BIRTH :
ADDRESS :

MOBILE NUMBER :
E-MAIL ID :
NAME OF BUSINESS :
NATURE OF BUSINESS :
BREIF NOTE & EXPERIENCE:

ADD-ON MEMBERSHIP REGISTRATION

NAME OF ASSOCIATE :
FATHER'S NAME :
DATE OF BIRTH :
ADDRESS :

MOBILE NUMBER :
E-MAIL ID :

I hereby give my consent to join the MaAn. I have read the code of conduct and would abide by the terms and conditions of the Network. I am aware that the membership of MaAn is subject to approval of the selection committee.

I am enclosing a cheque of Rs.18100/- or Rs. 12100/- drawn on Bank dated inclusive of Power of Attorney stamp fee.

(SIGNATURE OF APPLICANT)

(SIGNATURE OF ADD-ON APPLICANT)



MaheshFoundation

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