

KHDIM UL KHALAQ FOUNDATION

Membership Form 2015

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Name:

Father Name:

Date of Birth:

CNIC No.

Educational Qualification:

Occupation:

Address:

Mob No.

Email Address:

Note: Please attach passport size photo and a copy of CNIC

**DECLARATION**

*i hereby affirm that the above is information is correct to my knowledge. i will also abide by the rules and regulationS of khadim ul khalaq foundation*

*Applicant Signature:*

**FOR OFFICE USE ONLY**

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| S.NO. Approval Date:  Approved by: Signature: |

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