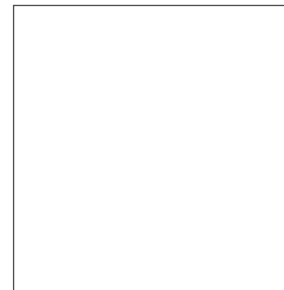




EMBASSY OF INDIA
Indian Cultural Centre
 DOHA - QATAR



LIFE MEMBERSHIP FORM

1. Full Name (Block letters) :
2. Father's Name :
3. Passport No. :
4. Profession :
5. Office / Business Address in Qatar :
6. Contact Numbers : Office.....Res.....
 Fax..... Mob. No.....
 E-mail :
7. Permanent Address :
- :
- :
- :
- Tel:

8. Name of Family Members:

Sl. No.	Name	Relationship	Date of Birth	Passport No.

I confirm that I will abide the Rules and Regulations of the Indian Cultural Centre.

Date:.....

 Signature

NB:-

- i) The Life Membership Fees will be QR. 500/- per person NON-REFUNDABLE.
- ii) Please attach photocopy of your passport including the page of Residence permit and two photographs.

FOR OFFICIAL USE

Receipt No.....

Membership No. LM.....

Date

 Signature