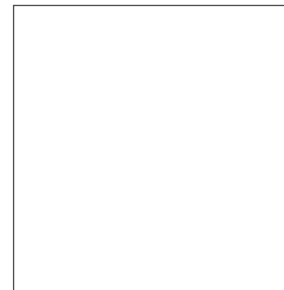




EMBASSY OF INDIA  
**Indian Cultural Centre**  
DOHA - QATAR



**ORDINARY SINGLE 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: .....

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

Date:.....

\_\_\_\_\_  
Signature

NB:-

- i) Ordinary Single Membership fees will be Qrs. 100/- per person for one year Non-Refundable  
ii) Please attach photocopy of your passport including the page of Residence permit and two photographs.

**FOR OFFICIAL USE**

Period From ..... to ..... Membership No. OMS.....

Date .....

\_\_\_\_\_  
Signature