

Handicapped Children's Parents Association

Plot-K (Behind Plot-13) Institutional, Sector-5 Dwarka, New Delhi 110075 INDIA

Phone : 011-25088188 Email : hcpaindia@ yahoo.com

Application for Ordinary Membership

Particulars	Applicant	Spouse
Name		
Qualification		
Occupation		
Phone Res.		
Phone Office		
Mobile		
E-Mail		
Address with Pin code		

Details of Spastic Child(ren)

Name	Sex	Date of Birth	Nature of Problem

I / We hereby apply for the membership of the Handicapped Children's Parents Association. I/We have obtained a copy of the Rules & Regulations and the Memorandum of Association and agree to abide by the same and all amendments made thereto from time to time.

I/We enclose cash/cheque/DD No. datedfor Rs.Rupees..
 (.....) drawn onBank
 being Registration Charge Rs. 500/- and Life membership subscription Rs. 10000/- or
 I/We attach details of Electronic payment of Rs..... in your bank

Please attach (a) Photocopy of Medical certificate from Govt. Hospital (Proof of CP) (b) Passport size photograph of the child (c) Completed application form for Nirmaya Health Insurance. (d) In case of Govt. Servant Acknowledgement from competent Authority for entry of Disabled Child's name in pension beneficiaries list.
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Signature :..... Place Date.....

For Office use only

Application ->>	Mem Sl No		.President	
Accepted		Receipt No.	Secretary	
Rejected		Dated	Treasurer	

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