BLIND PERSONS' ASSOCIATION

Regd. No. 20088/506 of 1951-52
6B Panchanantala Road, 2nd Floor, Kolkata – 700 029
Phone : 9433124108, 9476393548
Email : bpaindia@gmail.com Web : http://bpa.org.in

Paste your recent coloured passport size photo

Serial No.

MEMBERSHIP FORM (for New Enrolment / Data Update)

I Sri/Smt. ……, aware of the aims and objects of Blind Persons' Association (see overleaf) voluntarily express my desire to enroll myself as its member. I shall pay the annual subscription of the organisation regularly and will take part in the activities of the organisation to the best of my capacity.

Particulars

1. **Name** ……
2. **Father/Mother/Guardian's Name** …….
3. **Address:**
   Village/Locality……
   P.O……**Dist**……
   PIN……..**Mobile**……
   Whattsapp No…… **Email**...…….
4. **Date of Birth (dd/mm/yyyy)** …… **Sex** ……
5. **Age of Onset of Blindness**…… **Cause of Blindness**……
6. **Type of Blindness (Totally or Low Vision)** ……..……
7. **Percentage of Blindness** ……..…
   (Please Attach copy of Disability Certificate)
8. **Marks of Identification** ……...
9. **Occupation**……. …….
10. **Other sightless or handicapped member in the family (if any)** ……..…….

Place……

Date ……

L.T.I. or Signature of the Applicant