RASHTRIYA JANKRANTI PARTY

Form No.]	Date
ř.	wish to	become a member of the
	e. I promise to abide by the pledge p	
	f the Party in the year	l am here by depositing
₹10 or ₹100 as Membe	ersnip Fee.	
Name		
		Active/ Life Time Member
S/o-W/o		Photo Compulsory
Date of Birth	Male Female	
Aadhar No.:		
Address : House No.	Mohalla/Village	
District		Pin Code:
State		uantiani ()
		ucation:
Phone	E-Mail	
Signature of Enrolling Person	Name & Post Enrolling Person	Thumb Impression and Signature of the Applicant
≪	Member Receipt	×
Form No.		Date
Received from Mr/Ms	his/her n	nembership form along with
The primary member fee of ₹10	Or Active Member ₹100 Rupe	es only for the years
Name & Mobile of Enrolling	Person Sid	nature of the Enrolling Person

Rashtriya Jankranti Party® जय जवान! जय किसान!!