

SHREE SAMASAT KHADAYATA SURKSHA TRUST

(C/o. SHREEJI HOSPITAL, STATION ROAD, ANKLESHWAR- 393 001 PHONE: 47488)

Form No	AFFIDAVIT	FOR OFFICE USE
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SKS NO

FILE NO

I undersigned Mrs. _____

Age Year _____ Address _____

As per my religion, I declare as follows:

(1) Before marriage my name was Ms. _____

(2) After my marriage my name is Mrs. _____

(3) My Birth Date is _____ .And Marriage Date _____

(4) In future, if this details were found to be incorrect that case whatever amount is credit in my name or paid to me will be consider to be forfeited and my membership will be cancelled.

Hereby I am signing this form after understanding it and sign on
dt. _____ Month _____ Year _____ **Signature** : _____

Place : _____

Husband's Sign : _____

Address : _____

Witness Name 1: _____ **2.** _____

Address _____

Sign : _____
