



DELHI FOUNDATION OF DEAF WOMEN

Address: 1ST Floor DDA Community Hall Gali Chandiwali, Paharganj, New Delhi- 110055.
Ph. 011-65358200,23583276

PHOTOGRAPH

Consultation Timings: Saturdays 10 A.M to 4 P.M.

APPLICATION FORM FOR MATRIMONIAL ASSISTANCE

YEAR 2010

1. Name (in block letter) :
2. Father's Name :
3. Postal Address :
- Pin Code No..... Phone No.....
4. Date of Birth :
5. Caste/Religion :
6. Height/Weight :
7. Divorcee, if any :
8. Education : Academic.....
Technical.....
9. Occupation :
- (Attach Salary Certificate)
10. Place of Work :
11. Monthly Income : Rs..... Family Income.....
12. Physical Defects : Hearing Loss....db. Speech Defects.....
13. Family Status : Father.....Mother.....Brother.....Sister.....
14. Your requirements for the :
would be partner : Age.....
15. Any other information :
- (Use Separate Sheet)

Signature of Father/Guardian

Signature of Applicant

Rules:

1. Two Passport size photograph should be attested with the application form
2. A salary certificate from the employee is to be included.
3. The Foundation's Matrimonial service is voluntary and open to all without any prejudice or obligation.
4. Final negotiation between the parties themselves.
5. If the female applicant is not a member of the Foundation, is advised to enroll herself for membership. In case of the male applicant, the would-be-partner should be enrolled for membership. Consultation Timings: Saturdays 11 am to 4 pm - 2nd Saturday holiday
6. If the marriage is settled the applicant should communicate to our office with wedding card.
7. The form is valid for one year. In case the applicant needs matrimonial service he/she is advised to submit new application form.

For Office use only

Signature of Secretary
Name of State Organization

Office Seal

Forwarded by: