



KARNATAKA PARENTS' ASSOCIATION FOR MENTALLY RETARDED CITIZENS

KPAMRC, AMC Compound, Off Hosur Road,
Near Kidwai Memorial Hospital, Bangalore - 560 029

APPLICATION FOR MEMBERSHIP (For Parents / Guardians Only)

| DETAILS | FATHER / GUARDIAN | MOTHER / GUARDIAN |
|---|-------------------|-------------------|
| Name | | |
| Residential Address & Tel. No. | | |
| Office Address & Tel. No. | | |
| Designation | | |
| Profession | | |
| Professional / other Services that can be offered to the Association | | |
| Membership if any of other associations that can offer help or assistance | | |

LIFE MEMBERSHIP FEE RS. 500/-

Date

Signature of applicant

FOR OFFICE USE

Received Rs. _____ Receipt No. _____ Registration No. _____

vide Cash / Cheque / M.O. / Draft No. _____ dated _____ on _____

towards Life Membership of the Association _____

Date :

Cheque / Cash deposited on _____

Posted in Register on _____

Treasurer / Secretary

OTHER DETAILS REQUESTED
(All information given will be treated as confidential).

| A | Information requested about your mentally retarded child / children | |
|---|---|----|
| Details | I | II |
| Name | | |
| Sex | | |
| Date of birth | | |
| School in which studying or occupation if any | | |
| Brief history of the Citizen with particular reference to his present condition | | |

| B | Information about your normal child / children | | |
|----------|--|-----|--------------------|
| Details | Date of Birth | Sex | Present occupation |
| 1 | | | |
| I | | | |
| II | | | |
| IV | | | |
| V | | | |

| C | Other Information requested |
|--|-----------------------------|
| State briefly what facilities you think should be provided by the Government and other related bodies towards mentally retarded citizens | |