



N S S KARNATAKA (Regd.)

NAIR SEVA SANGH KARNATAKA (Regd.)

Reg. Off. : 143, 10th Cross, 1st Stage, Indiranagar, Bangalore-560038

Administrative Office: #361, 11th Cross, 2nd Block, R.T. Nagar Post,
Bangalore-560 032. Ph. : 080-23330233 / 41133481

No.....



Affix Recent
Passport Size
Photo

APPLICATION FOR REGISTRATION

1. Name in full (in block letters)	<input type="text"/>
2. Father's Name	<input type="text"/>
3. Mother's Name	<input type="text"/>
4. Date of Birth / Age	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Sex	M <input type="checkbox"/> F <input type="checkbox"/>
6. Educational Qualifications	<input type="text"/>
7. If Employed, Occupation / Designation	<input type="text"/>
8. Details of Family members	<input type="text"/>
a) Brothers	<input type="text"/>
b) Sisters	<input type="text"/>
9. Residential Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	City <input type="text"/>
	Pin Code <input type="text"/>
	Phone No. <input type="text"/>
	Mobile No. <input type="text"/>
10. Office Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	City <input type="text"/>
	Pin Code <input type="text"/>

11. Address in Kerala

Pin Code

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12. Caste with Sub Caste

13. Height (in cms) & weight (in kgs)

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14. Whether member of NSSK ®

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15. NSSK ® Membership No.

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16. Blood Group

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17. Star / Rasi

18. Horoscope Attached

Yes	No
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19. Two References in Bangalore City

Name																			
Phone																			
Name																			
Phone																			

20. Registration Fee receipt No.

21. Please write in brief about your preferences for the alliance.

Date :

Name & Signature of the Applicant

Note : Please enclose full length recent colour photograph

FOR OFFICE USE ONLY

1. Regn. No. & Date _____

2. Validity _____

3. Karayogam : _____

4. Remarks : _____