

Park View Ananda



CLUB MEMBERSHIP FORM

Please affix passport size photograph of the applicant here

To,
Maintenance Office,
Park View Ananda,
Sector 81,
Gurgaon.

Subject: **Request for club membership Park View Ananda Residential Complex as a resident Owner/Tenant of flat no.**_____.

Dear Sir,

With reference to the above subject, I would like to provide you with the following information to facilitate my club membership.

Name of the Occupier: _____**.Tenant/Owner**

Father's /Husband's Name: _____.

Permanent

Address:

_____.

Contact Nos.: Office : _____Res.: _____Mobile : _____

Detail of family members:-

Sl.No.:-	Name	Gender/Age	Relation	Blood Group	Doctor's Stamp/Signature
1.)
2.)
3.)
4.)
5.)
6.)

Please affix passport
size photograph of
the occupier here

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size photograph of
the occupier here

Medical Examination Report (A) To be completed by the applicant

History of any of the following (If yes, Give details) Epilepsy/ Bronchichial / Asthma / Heart Disease / Diabetes /Hypertension / Psychiatric Problem/ Whether suffering from Eye infection / Ear Discharge / Skin Disease / Whether using (i) Spectacles (ii) Contact Lenses Specify any known Allergy .

To be completed by Medical Officer

I have examined all family members in respect of the diseases as stated above and certify that they/he/she is fit to join swimming pool.

Signature of Medical Officer Date Name with seal

Yours sincerely,

Signature of applicant

Date:

For _____ **Office**
Use _____

Card No:

Card Received by Signature:

Date:

FMS Signature

HEAD FMS Signature

Note- Please submits the form with 2 passport size photographs of each member. One photograph is to be pasted on the form itself, while the other photographed to be clipped with the form with details of apartment and name backside.