

CLIFTON WOMEN WELFARE SOCIETY (CWWS) REGD. (ESTABLISHED 1982)
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REGISTRATION FORM (VALID FOR SIX MONTHS) _____

1.Name: Mr./Miss _____ 2.Age: _____

3. Education: _____ 4.Any Foreign Nationality _____

5.Religious sect (Sunni / Shia) ____ 6.Caste: (Syed,Sheikh,Pathan etc) _____

7.Mother Language: (Urdu/UP/ Bihari/Deccan/Punjabi/Pashto/Sindhi) _____

8.Job: _____ Income per month: _____

Office Address: _____ Office Phone: _____

9.Marital Status: (Unmarried / Divorced / widow/ Widower) _____

10.Children, if any, with gender &ages: _____

11. Father's Name _____

12 Father's Job _____

13. No. of Brothers: _____ (Married) No. of Sisters: _____ (Married)

14. Home Address: _____

15.Home Phone: _____ Email _____

16. When your work is done would you make a donation (Voluntary) ? Rs: _____

17. Type of MatchWanted: _____

18. Height: _____ Figure: Slim / Medium / Heavy Complexion: Fair / Wheatish / Dark

Appearance: _____

Please Note:

1. Please make thorough enquiry before finalising marriage. Society accepts no responsibility for data inRegistration Forms.

2. This registration is not a guarantee of marriage, but promise of our best efforts.

3. Photographs not collected within six months after expiry of form will be destroyed.

Signature: _____ Date : _____ Valid upto _____

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