

# Abdul Kalam Vision India

A National movement for realizing the vision of Dr. APJ Abdul kalam



044 248 466 99



abdulkalamvisionindia@gmail.com



## MEMBERSHIP REGISTRATION FORM

Name

Father / Husband Name

Date of Birth

Age

Years

Gender

Male

Female

Transgender

Educational Qualification

School

UG

PG

Others

Applicant  
Photo

Profession

Address: House No., Ward & Street Name

Village

City

Taluk / Union

District

State

Pincode

Legislative constituency

Parliament constituency

Phone No. (with ISD Code)

Mobile No.

If you are the member of political party, please give detail

\*Aadhaar No.

\*Any Other ID Proof

\*E-mail ID

\*Chapter Name (if any)

Referral Name

Referral Membership No.

Referral Signature

Applicant Signature

\*Mandatory Data

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## Terms and conditions to become a member of Abdul Kalam Vision India Movement

I agree to the following terms and conditions to become the member of “**Abdul Kalam Vision India Movement (AKVIM – www.abdulkalamvisionindia.org)**”

1. I will sincerely follow and adopt the oaths given by Dr APJ Abdul Kalam for all walks of Life (Refer: [www.abdulkalam.com/kalam/theme/jsp/oath/oath.jsp](http://www.abdulkalam.com/kalam/theme/jsp/oath/oath.jsp)) in my individual capacity and work for realizing the Distinctive profile of the Developed India 2020 Vision.
2. I will uphold honesty, integrity, simplicity in my life and practice in my day to day life.
3. I will keep the nation above myself and keep the organismic above myself.
4. I will not do anything against the principles and policies of the organization which is enshrined in the Vision, Missions and Objectives of AKVIM and its updates as and when published latest @ [www.abdulkalamvisionindia.org/kalamvision/kalamvision-objective.jsp](http://www.abdulkalamvisionindia.org/kalamvision/kalamvision-objective.jsp).
5. I will consider working for the people is a Societal Transformational Service, which I happily accept in doing so and contribute my best towards realizing the vision.
6. I involve myself in the activities of AKVIM voluntarily and extend my service with commitment.
7. I will not hold the organization responsible for any act of myself personal or commercial which is against the policies and principles of AKVIM, for which I take my personal responsibility. In such a situation arises, I will abide by the decision of the organization.
8. Organization may terminate my membership at any point of time, if I be found guilty or found myself working against the organization and its vision.
9. I certify that the address proof, identity proof, educational and work experience proof of myself, which I have submitted are true and authentic.

I fully agree and append my signature in this form to become a member of “**Abdul Kalam Vision India Movement**” after reading the above terms and conditions/read by someone and fully understood the points without any compulsion from anybody.

### Signature

Name:

Father/Husband Name:

Phone/Mobile:

Email:

Date:

Place: