



**MEMBERSHIP APPLICATION FORM**  
**WEST BENGAL HUMAN RIGHTS PROTECTION**  
**DEMOCRATIC ORGANIZATION**



(GOVERNMENT REGISTRATION NUMBER :- S0037767 OF 2023)

HEAD OFFICE:- 85/44, LAL BAHADUR SASHTRI ROAD, KONNAGAR,  
P.O. - KONNAGAR, P.S. :- UTTARPARA, DIST. :- HOOGHLY, (GOGOLS MARKET)

PIN CODE NUMBER :- 712235 (W.B.)

CONTACT NUMBER :- +91 9123693591, +91 8420902669, +91 7384431146,  
+91 9064077502, +919933512882

E-MAIL :- wbhrpdo@gmail.com

WEB SITE :- www.wbhrpdo.org

**DISTRICT OFFICE**

Kolkata, Hooghly, Darjeeling, South 24-Parganas, Nadia, Murshidabad, Malda, Birbhum, North 24 Parganas, Bardhaman, Howrah, Pachim Medinipur, Purba Medinipur, Jhargram, Cooch Behar, Alipur Duar, Purulia, Bankura, Dakshin Dinajpur, Uttar Dinajpur, Jalpaiguri.

NAME (IN BLOCK LETTERS) : .....

S/O, W/O, D/O.....

ADDRESS : At.....

TOWN/VILLAGE: ..... P.O. : .....

P.S. : ..... DIST. : .....

STATE: ..... COUNTRY : ..... PIN : .....

DATE OF BIRTH..... EDUCATION QUALIFICATION : .....

OCCUPATION : ..... MOBILE NUMBER : .....

BLOOD GROUP : ..... AADHAAR CARD NUMBER : .....

**DECLARATION :** I hereby undertake that as member of the said organization I shall work for the protection of Human & Democratic Rights as well as constitutional rights & social justice of our state citizen under the organization “**WEST BENGAL HUMAN RIGHTS PROTECTION DEMOCRATIC ORGANIZATION**”. I am also declare that I am agree to pay Rs. 50/- / Rs. 100/- (per month) Membership Fee & attend “Human Rights Day” celebration 10th December every year.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
DATE: ..... (APPROVAL AUTHORITY NAME)

MOB NO, .....

***PLEASE COLLECT YOUR RECEIPT***

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I / WE HAVE RECEIVED AN MEMBERSHIP APPLICATION FROM MR. / MRS. / MISS .....  
ON THE DATE OF ..... DISTRICT : .....

DATE.....

**FOR W.B. HUMAN RIGHTS**  
**PROTECTION DEMOCRATIC ORGANIZATION**  
**AUTHORITY SIGNATURE**