

**MAGARPATTA CITY COUNCIL MEMBERSHIP
APPLICATION FORM**
(For the year 2016 to 2019)

NAME: _____

DATE OF BIRTH: DD____MM____YY_____

NEIGHBOURHOOD: _____ BLDG NO. _____ FLAT NO. _____

CITIZEN CARD NO. _____

EMAIL ID: _____

TEL. NO. (OFF) _____ EXT. NO. _____

(RES.) _____ MOBILE NO. _____

OCCUPATION - SELF EMPLOYED ☐
EMPLOYED ☐

IF EMPLOYED - DETAILS (NAME OF ORGANISATION / DESIGNATION)

SPECIAL INTEREST (IF ANY)

(SIGNATURE)
