

Shree Digambar Jain Swadhyay Mandir Trust, Songadh

Identification Form

Please complete in BLOCK LETTERS. One form per family. Attach recent photographs for each member.

A. Family / Household Details (Filled once per family)

Head of Family (Full Name)			
Native Place / Vatan			
Current Address			
City		State	
PIN Code		Country (if overseas)	
Mandal Affiliation			
Preferred Language		Mobile No.	
Email ID**			
Own House in Songadh?	(Yes/No) Address:		
Kalavati Bhavan / Tower Room as Donor?	(Yes/No) If Yes, Pl give block, Room No:		
**Email ID to be verified by OTP in case of out of India.			

B. Member Details (List every family member, including Head of Family)

Use one row per person. Attach a passport-style photo for each member listed.

#	Member Details	Relation to Head (Father/Son/Daughter)	Mobile (Aadhar OTP-verified), Email ID (optional)	Attach ID Proof copy (if Aadhar not available)
1	Name : Gender : M/F DOB : ____/____/____ Blood Group : _____ Married : Y/N Occupation :			☐ Passport ☐ Voter ID ☐ Driving Licence
2	Name : Gender : M/F DOB : ____/____/____ Blood Group : _____ Married : Y/N Occupation :			☐ Passport ☐ Voter ID ☐ Driving Licence
3	Name : Gender : M/F DOB : ____/____/____ Blood Group : _____ Married : Y/N Occupation :			☐ Passport ☐ Voter ID ☐ Driving Licence
4	Name : Gender : M/F DOB : ____/____/____ Blood Group : _____ Married : Y/N Occupation :			☐ Passport ☐ Voter ID ☐ Driving Licence
5	Name :			☐ Passport

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#	Member Details	Relation to Head (Father/Son/Daughter)	Mobile (Aadhar OTP- verified), Email ID (optional)	Attach ID Proof copy (if Aadhar not available)
	Gender : M/F DOB : ____/____/____ Blood Group : _____ Married : Y/N Occupation : _____			☐ Voter ID ☐ Driving Licence
6	Name : _____ Gender : M/F DOB : ____/____/____ Blood Group : _____ Married : Y/N Occupation : _____			☐ Passport ☐ Voter ID ☐ Driving Licence

1 PHOTO	2 PHOTO	3 PHOTO	4 PHOTO	5 PHOTO	6 PHOTO
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C. Consent Declarations (Each box must be ticked separately)

- ☐ This card is issued for identification purposes only and does not confer any rights, benefits, or entitlements. I/We consent to store and processing the above personal data for the purpose of member registration, event administration, and issuance of a ID card.
- ☐ I/We separately consent to the use of Aadhaar-based verification (Offline e-KYC and/or OTP e-KYC) as described above, understanding this is voluntary and independent of the general registration consent.
- ☐ I/We consent to receive SMS/WhatsApp communication from the Trust, including OTP messages, event updates and card status alerts, on the mobile number(s) provided.

D. Declaration & Signature

I/We declare that the information provided above is true and correct to the best of my/our knowledge.

Signature of Head of Family		Place	
		Date	

E. For Mandal Co Ordinator

Mandal Name		Date	
Authorised Person		Signature	

F. For Office Use Only

Family ID Allotted		De-duplication Check	
Card UID Issued		Card Issue Date	
Registered By (Desk/Operator ID)			