CHILD PROTECTION ORGANIZATION

चाइल्ड प्रोटेक्शन आर्गनाइजेशन

Regd. by Government Of NCT New Delhi (INDIA)
Reg No.- 2024/7/IV/1059
A6, GROUND FLOOR DURGA VIHAR- NEW DELHI 110080
E mail-cpo.centraloffice@gmail.com website - www.cpo.org.in

कर्तव्यं धर्म च बालरक्षणं

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FORM

1- NAME - _____

2- MOTHER'S NAME - _____

3- FATHER'S NAME - _____

4- ADDRESS - _____

_____

5- DATE OF BIRTH- _____

6- GENDER - _____

7- CONTACT - 1- _____
2- _____

Vehicles No.- _____

8- E-MAIL ID - _____

9. ID PROOF- _____

10-PROFESSION - _____ 11-NEAREST POLICE STATION- _____

12- EDUCATION QUALIFICATIONS

S.No	Class	Board / University	Year of Passing	Division

DATE- Place- Applicant Signature

For Office Use Only

Allotted No. -_____ District.-_____

Post.-_____ State.-_____

Recommended by CPO member- FullName with Dign.-_____
ID NUMBER - _____

APPROVED
OR
REJECTED

signature
Chairman

signature
Vice Chairman / Genral Secretary

A/N - CHILD PROTECTION ORGANIZATION
Account No- 43010736415
IFSC code - SBIN0008442
STATE BANK OF INDIA SAKET NEW DELHI

पेमेंट बार कोड
स्टेट बैंक आफ इंडिया

DECLIARATION

I _____

S/o_____

R/o_____

I also declare that the above information is true to the best of my knowledge and belief. I also declare that till now I have not been convicted of any serious and harsh criminal, economic or social crime and my moral character in the society is good. Social service, awareness towards child rights, is my ideal and protection of human rights is my only objective. The membership deposited at the time of accepting membership will not be returned to me under any circumstances. In case of any disciplinary action against me for any wrongdoing, I will not demand any kind of refund. I will follow the rules of the Constitution of India and law. I will follow the organizational guidelines and the rules and laws of the organization. If I have been involved in any wrongdoing, anti-national, anti-social activities or such allegations against me are found to be true or my name comes up in any criminal role or I am found involved, then the organization will not be responsible for it and my original membership will be considered automatically terminated. As per the guidelines of the organization, if I fail to complete my assigned tasks within the stipulated time, then this membership will be terminated automatically, I accept this.



left thumb stamp



Sign.- Applicant
(only full name)

NAME -

DATE -

PLACE -