

**PARENTS ASSOCIATION FOR DIFFERENTLY ABLED ADULTS  
- PADA - DRO/SJN/SOR/387/2014-15**



Ground Floor, 228 16<sup>th</sup> Main, HSR Layout, Sector – 3, Bengaluru 560 102  
Ph: 63624 99829, 98453 69872, [padabangalore@gmail.com](mailto:padabangalore@gmail.com) [www.pada.life](http://www.pada.life)

**FORM 1 - APPLICATION FOR MEMBERSHIP**

**NEW / RENEWAL (Please tick one)**

This form is to be filled by parents or guardian of differently-abled adults only.  
Two passport photographs each of applicant and Person With Disability are to be submitted.

DETAILS	FATHER / GUARDIAN	MOTHER / GUARDIAN
Name		
Residential Address		
Mobile Number		
Landline Number		
AADHAR		
PAN		
Email		
Educational Qualification		
Occupation		
Professional / other services that can be offered to PADA		
Membership with any other associations. If yes, role (e.g. Trustee)		
Membership fees	Rs 1000 (One Thousand) / month or Rs 11,000 (Eleven Thousand) / year If ward of the member is a student of Rainbow Learning Centre, amount to be paid is regular monthly fees for Rainbow Learning Centre only along with renewal fees Rs 1000 (One Thousand) / year	

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**DETAILS OF PERSON WITH DISABILITY (PWD)**

Name	
Sex	
Date of birth	
Mother tongue (Speak / Read / Write)	
Other languages (Speak / Read / Write)	
Educational Qualification	
Description of disability with medical conditions	
Details of medicines taken	
Strengths of PWD	
Hobbies of PWD	
Any other information	

**DETAILS OF SIBLINGS OF PWD**

Name	Sex (M/F)	Date of birth	Occupation

I declare that the details mentioned above are correct to the best of my knowledge.

PLACE:

DATE:

SIGNATURE OF PARENT / GUARDIAN