



# J.D. BIRLA INSTITUTE

Departments of Science & Commerce

## HELPING HANDS MEMBERSHIP FORM

I ..... daughter of .....hereby consent to be a Helping Hands volunteer for the college Social Activity Club and also declare that I have taken necessary permission from my parents in this regard.

I shall participate in all social and extension activities organized by the club and shall abide by all the rules and regulations as laid down by the college.

I am aware that Certificate of Participation will be issued to me only if I comply with the norms and continue to be an active member during the tenure of my studentship in the course to which I have taken admission.

\_\_\_\_\_  
Signature of the student  
(with date)

### DETAILS OF THE STUDENT

Name in full \_\_\_\_\_

Department \_\_\_\_\_

Class \_\_\_\_\_ Section \_\_\_\_\_

Class Roll No. \_\_\_\_\_

Year of Enrollment (at College) \_\_\_\_\_

E-mail \_\_\_\_\_

Mobile No. \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_

