



DELHI FOUNDATION OF DEAF WOMEN

Associated with All India Foundation of Deaf Women
Regd Office: 1st Floor, DDA Community Hall, Gali Chandiwali,
Paharganj, New Delhi- 110 055 , Ph.no. 23583276, 65358200



e mail: info@dfdw.net www.dfdw.net

Consultation Timings: Saturdays 11 A.M to 4 P.M. : 2nd Saturday Holiday

PHOTOGRAPH

Application Form for Matrimonial Assistance

YEAR 2017

1. Name (in block letter) : _____ Sex _____

2. Father's Name : _____

3. Postal Address : _____

 _____ Pin Code No _____
 e mail, if any : _____ Phone No. _____

4. Date of Birth : _____

5. Caste/Religion : _____

6. Height/Weight : _____

7. Divorcee, if any : Photocopy of Divorce Certificate attached..

8. Education : Academic _____
 Technical _____

9. Occupation
 (Attach Salary Certificate) : _____

10. Place of Work : _____

11. Monthly Income : Rs _____ . Family Income... _____

12. Physical Defects : Hearing Loss. _____ db. Speech Defects _____

13. Family Status : Father _____ Mother _____ Brother _____ Sister _____

14. Your requirements for the
 would be partner : Age... _____

15. Would prefer Proposal from : North _____ South _____ West _____ East _____

16. Any other information : _____
 (Use separate sheet)

Signature of Father/Guardian

Signature of Applicant

Rules:

- Two Passport size photograph should be attested with the application form
- A salary certificate from the employer is to be attached.
- The Foundation's Matrimonial service is voluntary and open to all without any prejudice or obligation.
- Final negotiation between the parties themselves.
- If the local female applicant is not a member of the DFDW, is advised to enroll herself for membership. In case of the male applicant, the would-be-partner should be enrolled for membership.
- If the marriage is settled ,the applicant should communicate to our office with wedding card and a Photo of newly wed couple.
- The form is valid for one year. In case the applicant needs matrimonial service he/she is advised to submit new application form.

Forwarded by: (Name of State Association with office seal)
(If the applicant is its member)



For Office Use _____