



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. 47098509, 42263506



E-mail: info@dfdwn.net www.dfdwn.net
Consultation Timings: Saturdays 11 A.M to 4 P.M. : 2nd Saturday Holiday



Application Form for Matrimonial Assistance

YEAR 2021

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:

1. Two Passport size photograph should be attested with the application form
2. A salary certificate from the employer is to be attached.
3. The Foundation's Matrimonial service is voluntary and open to all without any prejudice or obligation.
4. Final negotiation between the parties themselves.
5. 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 wouldbepartner should be enrolled for membership.
6. If the marriage is settled ,the applicant should communicate to our office with wedding card and a Photo of newly wed couple.
7. 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 _____