



DEVELOPMENT CENTRE FOR EXCEPTIONAL CHILDREN
(AN INSTITUTION FOR CHILDREN WITH SPECIAL NEEDS)

MANAGED BY AKANKSHA TRUST

MEMBERSHIP FORM

NAME: _____

DESIGNATION: _____

ADDRESS: _____

OFFICIAL: _____

RESIDENTIAL: _____

EMAIL-ID: _____

PHONE: _____

LANDLINE: _____

MOBILE: _____

AMOUNT TO BE CONTRIBUTED: Rs _____ (HALF YEARLY/YEARLY)

Bank Account Details

NAME OF ACCOUNT: AKANKSHA

ACCOUNT No. : 10667845549

BANK: STATE BANK OF INDIA, Ranipur, SECTOR-5, BHEL, Haridwar

BANK IFSC CODE: SBIN0000586

(Note: Kindly write “**Donation-Your Name**” in description Column of Net banking screen to link the amount for issuing the receipt.)

SIGNATURE