

ANNEXURE - D

MEMBERSHIP ENROLMENT FORM

Date: 05/12/2025

To,
The President,
Gulmohar Welfare Association,
Survey no. 82/1, Mallapur,
Medchal-Malkajgiri District.,

Dear Sir,

I am the owner of flat no.303 in block E in the housing project known as **Gulmohar Residency**, forming part of Sy. No. 19, Mallapur Village, Uppal Mandal, Medchal-Malkajgiri District.

I request you to enroll me as a member of

GULMOHAR WELFARE ASSOCIATION

I have paid an amount of Rs. 50/- towards membership enrolment fees.

I hereby declare that I have gone through and understood the Bye-laws of the Association and shall abide by the same.

I agree to pay maintenance charges from the month of Dec-2025 at the applicable rate prescribed by the association.

Thank You.

Yours faithfully,

Signature: B. S. P. P. M. K.

Name: _____

Address for correspondence:

Mrs. T.V.V.Lakshmi Devi, & Mrs. T. V. V. Swarna Kumari,
B 24-2/2,D. No. 80, HWP Colony, Krishna Nagar, Ashwapuram,
P. O. HWP Aswapur Colony, Bhadravati Kothagudem-507 116,
Enclosed: Copy of ownership documents.

For Office Use Only

Receipt no. & date: _____

Sale Deed doc. no. & date: _____