

LATHI ASSOCIATION, MAHARASHTRA®



AFFILIATED TO
LATHI INDIA ORGANASTION®
LATHI ASIAN COUNCIL
LATHI COMMONWEALTH ASIA COUNCIL
LATHI INTERNATIONAL COUNCIL®



District Affiliation Form

Name of Association _____

Adhar No.: _____

Name: _____

Father's Name _____

D.O.B.: _____ Age: _____ Male/Female: _____

Qualification _____ Occupation _____

Current Address: _____

District _____ Pin.: _____

DECLARATION

I _____ S/D/O _____ here by declare that the information given by me is completely true.

If any kind of mistake is found in the information given by me, then the organisation will have the right to take appropriate action as

per the rules. I assure that i will follow all the rules of Lathi Association, Maharashtra (R)

Date: _____

Signature

Head Office : 503 / 33 Janaprakalp Society, Sector-05, Charkop Kandivali (West), Mumbai - 67

Office: At Posts Latur Tq. Latur District Latur

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