



JAIN SWETAMBER TERAPANTHI MAHASABHA

(ISO 9001 : 2008 प्रमाणित संस्था)

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TERAPANTH PARIWAR JANGANANA ADDITION / UPDATION FORM



SL. NO. _____

DATE _____

Name (Head of Family)* _____
(First) (Middle) (Surname)

Fathers / Husband Name* _____ Native Place* _____

Office / Shop Details :

Co. Name _____

Address _____

Post _____ Pin _____

Town _____ Dist. _____

State _____ Country _____

STD Code _____ Phone _____

Email _____

Residence Address :

Address _____

Post * _____ Pin * _____

Town * _____ Dist.* _____

State * _____ Country _____

STD Code _____ Phone _____

Mobile _____

Details of All Family Members

Sl. No.	Family Member Name	Father's / Husband Name	Sex	Date of Birth	Age	Education	Occupation	Nature of Business/ Service
1*	Head of the Family							
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Filling Instructions :

1. Please fill the form in ENGLISH in BLOCK LETTERS.
2. In Nature of Business mention the type of business / profession or sector of service.
3. If Family Members are more than 12, please mention P.T.O and fill on the reserve of this form in the same format.
4. It is Compulsory to fill all fields marked with (*) like Native Place, Post, Pin, Town, Dist., Sabha, Surname.
5. In Native Place please fill the name of Village or Town where the family originally hall from (eg. Rajasthan, Haryana, Gujrat etc)
6. In Education mention degree like Matric, Higher Secondary, Graduate, CA/CS, Doctor etc.
7. In occupation mention Business, Profession, Service, Housewife, Student etc.

Signature

Signature

Janganana Representative

Name :

Head of the Family

This Form will be updated soon in the family directory section on the Website.

Please visit : www.jstmahasabha.org