###### MUNICIPAL COUNCIL OF VACOAS-PHOENIX

***WELFARE DEPARTMENT***

**APPLICATION FORM**

###### GYMNASIUM

**GYMNASIUM: -----------------------------------------------------------------------------------------------------------------------**

**SURNAME: -----------------------------------------------------------------------------------------------------------------------**

**NAME: -----------------------------------------------------------------------------------------------------------------------**

**AGE: (*NOT TO BE UNDER 15*) ------------------------------- SEX: MALE/FEMALE**

**ADDRESS**: ----------------------------------------------------------------------------------------------------------------------

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**TEL NO: ---------------------------------------------**

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**DATE SIGNATURE**

##### FOR OFFICIAL USE

**REMARKS**: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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DATE SIGNATURE OF RESPONSIBLE OFFICER

**1. To submit the following:**

1. **Copy of Identity cards/Student ID**
2. **Copy of Utility bills**
3. **1 Passport size photo**
4. **Medical Certificate for Senior Citizen**

**2. Form to be filled and same be submitted at the Welfare Department.**

**3. Payments to be effected between *9.00 a.m to noon ONLY***

**4. Membership fee of Rs 100 for 3 months renewable every quarterly.**

**5. Free access to Students and Senior Citizens**

***For more information contact the Welfare Department during office hours on 6962975.***