

# DIABETES SUPPORT GROUP



Regd.No. MH/1585/13/THANE

Affix a  
Passport Size  
Photo

Full Name ..... Gender:  M  F

Age (in years)..... Date of Birth..... Phone No (Residence).....

Address.....  
.....

Mobile No..... WhatsApp No.....

Education/Qualification..... E mail.....

Please list any volunteer experience you have that may be relevant to your work in a non-profit organization:  
.....  
.....

Apart from Hindi, do you speak a second language? If so, which language(s)?

1)..... 2)..... 3)..... 4).....

Why are you interested to be a member of Diabetes Support Group?  
.....  
.....

How much time can you contribute to this partnership? (Please include weekly and monthly schedules.)  
.....  
.....

*Yes, I would like to be a member of Diabetes Support Group. I understand that after receiving the training about diabetes education, I shall not be able to provide any medical advice to the patients or their family members. I shall utilize my knowledge to educate people and create awareness about diabetes.*

Signature..... Date & Place .....

—————  **For Office Use Only**  —————

Starting From ..... Day & Time ..... Checked By.....

After filling the form you can mail it to parivartan.charity@gmail.com or post/courier it to the following add:  
Reshape, Shop No. 8, Opp. Torrent Power, Below Soham Hospital, Old Agra Road, Bhiwandi – 421302.