

**DELHI DEVELOPMENT AUTHORITY
MAJOR DHYAN CHAND SPORTS COMPLEX, DDA
ASHOK VIHAR-110052**

Card Category

- *Strike which is not applicable
- *Name should not exceed 15 characters including space otherwise abbreviate it.
- *please attach two nos. each passport size photograph, do not staple

- Individual STM SM
- Associate SHM SCZ
- Corporate HM NRI

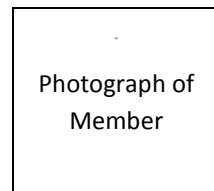
Member's Name:

Father's Name :

Membership No. :

Date of Birth:

Valid up to :

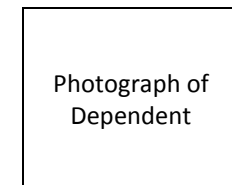


1. Dependent Name:

Relation : Wife/Husband

Date of Birth :

Valid up to :

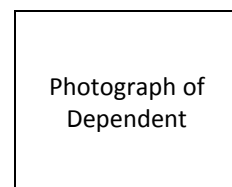


2. Dependent Name:

Relation : Son/Daughter

Date of Birth :

Valid up to :

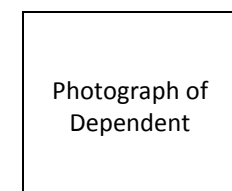


3. Dependent Name:

Relation : Son/Daughter

Date of Birth :

Valid up to :

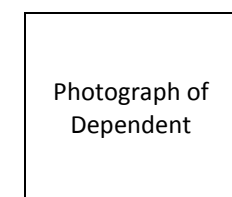


4. Dependent Name:

Relation : Son/Daughter

Date of Birth :

Valid up to :



- (A) Requirement of Cards.
- (B) No. of old Cards surrendered : Member Spouse Dependents Total
- (C) Monthly Subscription paid upto _____
- (D) Son/Daughter more than 21 years of age are not eligible to be dependent.

(Signature of Member)

**ACKNOWLEDGEMENT SLIP
MDCSC-DDA**

Received from Shri/Smt./ _____ Membership No. _____
Total No. Cards _____ for exchange of Cards.

(Signature of Clerk)