

PRAY INDIA NEWS

MAH/BIL/05829

REPORTER VERIFICATION FORM

TWO PHOTOS

FOR OFFICE USE ONLY ID NO: _____ DATE OF ISSUE: _____ DATE OF EXPIRY: _____

APPLICANT NAME : _____
IN CAPITAL LETTER

FATHER NAME : _____
IN CAPITAL LETTER

SURNAME : _____
IN CAPITAL LETTER

MOTHER NAME : _____
IN CAPITAL LETTER

DATE OF BIRTH : _____ (IN WORDS) _____

PRESENT ADDRESS : _____

CONGREGATION : _____ PLACE OF BIRTH: _____

PST. NAME: _____ E-MAIL ID : _____

MOBILE NO : _____ RESIDENT NO : _____

DRIVING / PAN / VOTING ID NO: _____ ISSUED AT : _____

QUALIFICATION : _____

MARITAL STATUS: SINGLE / MARRIED WEDDING ANNIVERSARY: _____

WORKING FOR: _____ DESIGNATION: _____

TALENT OR CALLING IN LORD : _____

REFERENCE NAME: _____

ATTACHED BY S.E.O.
OR
CONGREGATION

SIGNATURE OF APPLICANT