NASVI Membership Form

4. Postal Address		Alternate Postal Address			
Name-		Name-			
House No		House No			
lock- Bloc		Block-	Block-		
mportant Landmark- Impo		Important	portant Landmark-		
City/town-		City/town-			
Distt		Distt			
		State-	Pin-	-	
4. Telephone/Mobile of 5. E-mail Address (if 6. Year of Formation 7. Are there other Stre 8. If yes give names-	et Vendor organi	Regis zations in yo	tration No ur locality?	Yes/No	
4. Telephone/Mobile of the state of	any)et Vendor organi	Regis zations in yo	tration No ur locality?	Yes/No	
 Telephone/Mobile of the second of the second	any)et Vendor organi	Regis zations in yo	tration No ur locality?	Yes/No	
 Telephone/Mobile of the second of the second	any)et Vendor organi of NASVI? ation (Please tick	Regis zations in yo	tration Nour locality?	Yes/No women	
 4. Telephone/Mobile of the second o	et Vendor organi of NASVI? ation (Please tick registered under the	Regis zations in yo x) he Trade	tration Nour locality?	Yes/No women	
 4. Telephone/Mobile of the second o	any)et Vendor organi of NASVI? ation (Please tick egistered under the	Regis zations in yo x) he Trade	tration Nour locality?	Yes/No women	

(Name & Designation)

12. Geographical Coverage of your organization's work with street vendors-		
36 A 1 12 C		

^{*}Additional sheet can be added, if required.