



MEMBERSHIP FORM

KUKATPALLY BHAGYANAGAR WELFARE ASSOCIATION (PARVATHNAGAR)

(Regn.No. **23 / 2026**)

Email: members@BhagyanagarPlotOwners.com

Website: www.BhagyanagarPlotOwners.com

1.Name of the applicant (in full and in capitals) : _____

2.Father's / Husband's name : _____

3.Address for correspondence : _____

4.Contact No(s) : _____

5.Email Id : _____

6.Plot No. in venture

7.Area in Sq.Yds. and Sq.Mtrs.

8.Regd. Document No. : _____ Dt: ____ / ____ / ____ Aadhar No: _____

(Photo copy of the Sale deed and Any ID to be enclosed , Aadhaar is preferable)

4.Purchased from BCHS/other buyer : _____

(In case of other buyer, Please enclose link document)

10.LRS Details (with photo copy) : _____

11.TDR Details (with photo copy) : _____

12.Electricity connection details (with photo copy) : _____

13.Property tax details (with photo copy) : _____

14.Application Number (if applied for building permission) : _____

15. Other Detail (If any) : _____

I/We certify that the above information is correct to the best of my/our knowledge and I/we abide to the rules and regulations of the Association.

Date : ____ / ____ / ____

Place : _____

Signature of the Applicant(s)

For Office Use Only

Verification details:

Verified on : _____

Approved on : _____

Membership No : _____

Signature of Office Bearer

(With Seal of Office)