:: HP SDMA Volunteer Registration Form ::

NAME OF THE APPLICANT

Affix Your Passport Size Photograph Here

GENDER (TICK MARK IN THE BOX)

Male		Female	

DATE OF BIRTH (ACCORDING TO 10th MARKSHEET)

D	D	M	M	Y	Y	Y	Y

BLOOD GROUP (ENTER ONLY IF YOU KNOW)

Example: A B +

FATHER'S NAME

ADDRESS FOR CORRESPONDENCE

PIN Code:

PHONE NUMBERS

LANDLINE	**STD Code:**	**Phone No.:**
MOBILE		

E-MAIL ADDRESS (IF ANY)

EDUCATIONAL QUALIFICATION (PLEASE WRITE THE MOST RECENT QUALIFICATION IN FIELD NO. 1)

#	TITLE OF THE DEGREE/ COURSE / CLASS	STREAM	SCHOOL/ COLLEGE/ UNIVERSITY	YEAR
1.				
2.				

PRIOR EXPERIENCE/EXPERTISE IN DISASTER MANAGEMENT RELATED ACTIVITY (IF ANY)

DISASTER-SPECIFIC AREA YOU WANT TO GET TRAINED IN (TICK MARK THE SUITABLE ONE)

Medical First Aid:		Search & Rescue:		Relief :		Other:	

EMERGENCY CONTACT PERSON (NOTE- THIS MUST BE A FAMILY MEMBER, GUARDIAN OR A CLOSE RELATIVE)

NAME			
ADDRESS			
	Mobile No.:		**PIN Code:**

DECLARATION (TO BE FILLED IN BY THE APPLICANT ONLY)

I, _____, hereby declare that I am keen to become a volunteer for the HPSDMA and want to render selfless services for effective disaster management. By submitting this form, I declare that all the information provided by me in this form is true, correct and complete.

Date_____ Place_____ Signature of the Applicant_____

Kindly send the duly filled-in Form at the following address:

Himachal Pradesh State Disaster Management Authority (HP SDMA)
Disaster Management Cell, Deptt. of Revenue, H.P. Secretariat, Shimla- 02
Or e-mail the scanned copy of the duly filled-in form at: **sdma-hp@nic.in**

NOTE: Please write **'HPSDMA Volunteer Registration Form'** on the top of the envelope or in the subject of the e-mail.