

# :: HP SDMA Volunteer Registration Form ::

**NAME OF THE APPLICANT**

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**GENDER**  
(TICK MARK IN THE BOX)

Male	Female
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**DATE OF BIRTH**  
(ACCORDING TO 10<sup>th</sup> MARKSHEET)

D	D	M	M	Y	Y	Y	Y

**BLOOD GROUP**  
(ENTER ONLY IF YOU KNOW)

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Example: A B +

Affix  
Your  
Passport  
Size  
Photograph  
Here

**FATHER'S NAME**

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**ADDRESS FOR CORRESPONDENCE**

	<b>PIN Code:</b>
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**PHONE NUMBERS**

<b>LANDLINE</b>	<b>STD Code:</b>		<b>Phone No.:</b>	
<b>MOBILE</b>				

**E-MAIL ADDRESS (IF ANY)**

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**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)**

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

<b>Medical First Aid:</b>		<b>Search &amp; Rescue:</b>		<b>Relief :</b>		<b>Other:</b>	
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**EMERGENCY CONTACT PERSON** (NOTE- THIS MUST BE A FAMILY MEMBER, GUARDIAN OR A CLOSE RELATIVE)

<b>NAME</b>	
<b>ADDRESS</b>	
	<b>Mobile No.:</b>
	<b>PIN Code:</b>

**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.