CUTCHI MEMON COMMUNITY of KARACHI
Listing of Community Persons (Project of Cutchi Memon Foundation)

یہ فارم فیملی کے فعال سربراہ کی طرف سے پُر کیا جائے گا

FORM TO BE FILLED BY / ON BEHALF OF ACTIVE HEAD OF FAMILY

Family Name: خاندانی نام:

Name: نام:

Date of Birth تاریخ پیدائش: ☐☐ – ☐☐ – ☐☐ ⬚ ⬚   جنس: M ☐ F ☐ عورت مرد   **Maritial Status** ازدواجی حیثیت: ☐

Father's Name: والد کا نام: _____

Husband's Name: شوہر کا نام: _____

C.N.I.C: شناختی کارڈ نمبر: ☐☐☐☐☐ – ☐☐☐☐☐☐☐ – ☐   **Mobile No:** موبائل فون نمبر: _____

E-mail: ای-میل ایڈریس: _____

Residential Address:

City	Mohalla/Area	Street	Bldg / Block	Unit Number
شہر	محلہ / علاقہ:	گلی:	عمارت / بلاک نمبر:	فلیٹ نمبر / مکان نمبر:

Ancestral Mohallah in Karachi: _____ آبائی محلہ (کراچی)

Education: تعلیم _____

Basic School	Intermediate	Graduated in	Post Graduate	Professional Qualification
بنیادی اسکول	انٹرمیڈیٹ اسکول	گریجویشن کا شعبہ	پوسٹ گریجویشن کا شعبہ	پیشہ ورانہ قابلیت

Occupation: پیشہ _____   **Address:** پتہ _____

Additional Information / Achievements/ Sports / Special Training or Handicap:

اضافی معلومات / کامیابیاں / کھیل / خصوصی تربیت   یا   معذوری:

_____

_____

Number of Persons Residing with you in same address: ایک ہی پتے پر آپ کے ساتھ رہنے والے افراد کی تعداد: ☐

Please Complete details of family member living on same address:

SPOUSE

Name		Birth Date		CNIC ☐☐☐☐☐ – ☐☐☐☐☐☐☐ – ☐
Father's Name		Family Name	Education Status:	Employed / Not Employed

PARENTS

Name		Relation _____	CNIC ☐☐☐☐☐ – ☐☐☐☐☐☐☐ – ☐
D.O.Birth	Occupation:	Education Status:	Employed / Not Employed

Name		Relation _____	CNIC ☐☐☐☐☐ – ☐☐☐☐☐☐☐ – ☐
D.O.Birth			Employed / Not Employed

CHILDREN & SIBLINGS (SINGLE) RESIDING ON SAME ADDRESS

4
Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

5
Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

6
Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

7
Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

8
Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

Married Child / Spouse & grand children RESIDING ON SAME ADDRESS

9
Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

10
Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

Name ____ Relation ____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
D.O.Birth ____ Occupation: ____ Education Status: ____ Employed / Not Employed

Form Filled By:_____

Date:_____

Verified by:_____ Verification Method_____