



APPLICATION FORM FOR RWA

1. BASIC INFORMATION :

NAME OF THE RESIDENT WELFARE ASSOCIATION:

.....

NAME OF THE REPRESENTATIVE / PRESIDENT:

ADDRESS OF SOCITEY:

TOWN: CITY:

PHONE NO:MOBILE NO:

EMAIL:

2. BOOTH AREA DETAILS

DETAILS OF THE OPEN SPACE / CONSTRUCTED AREA TO BE GIVEN FOR VITA BOOTH

.....

SIZE:(SQ. FT)

LOCATION:

3. PROOF OF IDENTITY

RWA REGISTRATION NO:

Note: Kindly attach the RWA registration certificate.

DATE:

SIGNATURE OF THE AUTHORISED SIGNATORY:

STAMP:

APPLICATION FORM FOR ALLOTTEE TO BE NOMINATED BY RWA



1) BASIC INFORMATION:

Name of the Applicant: (Mr./Mrs. Ms.).....

Permanent Address:

Town: City/Village:

Phone No: Mobile No. :.....

Email:

DECLARATION

I/We, the undersigned, have gone through the eligibility criteria and terms & conditions annexed with the application form for my/our appointment as the allottee of VITA Franchisee. I/We, fully understand the implications of eligibility criteria and the terms & conditions as annexed at Annexure-1 and therefore bind myself/ourselves into a contract with HDDCF as per the Indian Contract Act, 1872 and other.

Date:

Signature:

Na me:

Place:

Designation: