



Co-organizer



Regd under u/s 25 of the Companies Act 1956
Head Office: 1st Floor, DDA Community Hall, Gali Chandiwali, Paharganj
 New Delhi - 110 055 info@aifdw.in Ph. No. 23583276, 65358200



Associated with U.P. Chapter : **DEAF WOMEN WELFARE FOUNDATION (U.P.)**
 Co - Associated with Distt. Chapter : **Varanasi Badhir Society, Belupur**

AIFDW/27TH PMS/17/01
 11.08.2017

AIFDW H.Q.

Chairperson
 Ms Rajyalakshmi Rao
Vice Chairpersons
 Ms Minu Singh
 Ms Snigdha Sharma
 Mob.No. 9871793680
President
 Dr. (Ms) Usha Punjabi
Secretary General
 Ms Uma Kapoor

Uttar Pradesh Chapter D WWF, U.P. H.Q. Committee Members

Ms Neelam Kamboj
 Ms Mini Gopal
 Ms Anju
Ms Radha Kakaria
 Ms Alka Kamboj
 Ms Anju Bansal
 Ms Kiran Singh
 Ms Maneesha Rastogi
 Ms Himani Goyal
 Ms Charu Patel
 Ms Asha Singh
Ms Nita Dwivedi



Distt Varanasi Chapter

Ms Neeta Dwivedi
 Mob.No. 9450776778 sms
Mr. Gopal Upadhyaya
 M.No. 8687307388 voice

Income tax Exemption
 u/s 80G of I.T. Act 1961
Pan No. AAMCA6125F

Dear Friend,

Greetings from All India Foundation of Deaf Women and its U.P. Chapter the Deaf Women Welfare Foundation (U.P.) and its Distt. chapter the Varanasi Badhir Society, Belupur. We are pleased to inform you that we are organizing 27th Pranay Milan Sammelan (Matrimonial Assistance) for Deaf boys and girls as detailed below:

Event's Name	27th Pranay Milan Sammelan (Matrimonial Assistance for Deaf)	When Timing	24th September 2017 9.30 a.m. to 4 p.m.
Where	Diamond Hotel, Belupur Varanasi (U.P.)	Stay , if required	On 23rd Sept. 2017. Pl see Hotel charge in Page no. 3
Who can apply	DEAF Boys and Girls with their parents	Last Date	15th September 2017
Fee	Rs. 1,000/- per applicant	Late fee	Rs.1,300/- per applicant
What Facilities	Free Lunch to applicants & their Parents (Matrimonial Kit Bags etc.)	Enjoy Varanasi trip	Yes , if required, can avail on the Spot on Payment basis
Mode of Payment	Cheque not acceptable. Payment by Cash or Bank Draft in favour of DEAF WOMEN WELFARE FOUNDATION or by Bank transfer at STATE BANK OF INDIA Branch name: Madhu Nagar, Agra : Account No. - 35860816496 IFSC code - SBIN0017836 Customer Id no. 89095915642 Nature of Account : - CA-GEN-PUBOTH-NONRURAL-INR		
Forms attached	1. Matrimonial Form 2. Registration Form 3. Accommodation Form After filling up make 3 photocopies of each form and send Original to 1. Ms Radha Kakaria, Organizing Secretary, Deaf Women Welfare Foundation (U.P.) at its Agra Correspondence Address and Copy to 2. Ms Uma Kapoor, Secretary-General, All India Foundation of Deaf Women at its Head Office address or by e mail at info@aifdw.in 3. Retain 3rd copy with you for record		

Hurry up and send the forms before or latest by **15th September 2017**. Wishing you all the Best.

MS UMA KAPOOR
 Secretary-General

Yours Truly,

MS RADHA KAKARIA
 Organizing Secretary, 27th PMS

Encl. : As above

Correspondence Address :: DEAF WOMEN WELFARE FOUNDATION (U.P.)
 96, Defence Estate, Phase 1, Bandhu Katra, Agra Cantt : 281 001
Organizing Secretary: Ms Radha Kakaria , M.No. 8979044778 - id_radhakakaria@gmail.com
Co Organizing Secretary : Ms Neeta Dwivedi - vbs.vns@rediffmail .com



Send to : All India Foundation of Deaf Women 1 ST Floor DDA Community Hall , Gali Chandiwali, Paharganj, New Delhi- 110055. or by email at info@aifdw.in : Ph. 011-65358200,23583276	Copy to: Ms Radha Kakaria, Org. Secy, 27th PMS Deaf Women Welfare Foundation (U.P.) 96, Defence Estate, Phase 1, Bandhu Katra, Agra Cantt - 281 001 M.No. 8979044778
at AIFDW office : Consultation Timings : on Saturdays 10 A.M to 4 P.M. : 2 nd Saturday Holiday	

APPLICATION FORM FOR MATRIMONIAL ASSISTANCE Year 2017-2018

PHOTOGRAPH
2 passport size
1- paste -
1 by post

1.	Name (in block letter)	:		Sex	
2.	Father's Name	:			
3.	Postal Address	:			
		:			
		:			
		:			
		:			
		:			
4.	Date of Birth	:			
5.	Caste/Religion	:			
6.	Height/Weight	:			
7.	Divorcee, if any	:			
8.	Education	:			
		:			
9.	Occupation	:			
	(Attach Salary Certificate)	:			
10.	Place of Work	:			
11.	Monthly Income	:			
12.	Physical Defects	:			
13.	Family Status	:			
14.	Your requirements for the would be partner	:			
15.	Would prefer Proposal from	:			
16.	Any other information (Use separate sheet)	:			

Signature of Father/Guardian

Signature of Applicant

Rules:

- Two Passport size photograph should be attested with the application form
- A salary certificate from the employer is to be attached.
- The Foundation's Matrimonial service is voluntary and open to all without any prejudice or obligation.
- Final negotiation between the parties themselves.
- If the local female applicant is not a member of the DFDW, is advised to enroll herself for membership. In case of the male applicant, the would-be-partner should be enrolled for membership.
- If the marriage is settled, the applicant should communicate to our office with wedding card and a Photo of newly wed couple.
- The form is valid for one year. In case the applicant needs matrimonial service he/she is advised to submit new application form.

Forwarded by: (Name of State Association with office seal)
(If the applicant is its member)



Co-Organizer



Organizer

Sept. 24, 2017 : Varanasi (UP)
Successful Matrimonial Service for Deaf

Original to: Ms Radha Kakaria, Org. Secy, 27th PMS
Deaf Women Welfare Foundation (U.P.)
96, Defence Estate, Phase 1, Bandhu Katra,
Agra Cantt - 281 001 M.No. 8979044778

Copy to : **All India Foundation of Deaf Women**
1ST Floor DDA Community Hall , Gali Chandiwalli,
Paharganj, New Delhi- 110055. or by
email at info@aifdw.in : Ph. 011-65358200, 23583276
Mob. No. of C.E - Snigdha Sharma - : 9871796380

at AIFDW office : Consultation Timings : on Saturdays 10 A.M to 4 P.M. : 2nd Saturday Holiday

27TH PRANAY MILAN SAMMELAN (Matrimonial Assistance for Deaf)
24th Sept. 2017 :: Venue - Diamond Hotel , Belupur, Varanasi (U.P.)

REGISTRATION FORM

Last Date : 15th September 2017

Name of Applicant (in block letter) Name of persons who will come with the applicant Mobile No. _____ e mail add: _____	Miss/Mr . . _____ M / F _____ 1. Father . _____ 2. Mother _____ 3. Extra Guest, if any _____ (Rs.400/-) Free Lunch and Matrimonial Kit Bag will be provided to the Applicant along with his/her parents
Accommodation for Out-station participants	If Required Please see on the overleaf Page No. 3 Hotel Room Details - Booking on your own efforts
Registration Fee Rs. 1000/- per Applicant Late Fee after 15th Sept. 2017 - Rs.1300/-	Cheque not acceptable. Bank Draft in name of DEAF WOMEN WELFARE FOUNDATION Deposit at : Ms Radha Kakaria, Org. Secy, 27th PMS Deaf Women Welfare Foundation 96 Defence Estate, Phase 1, Bandhu Katra, Agra Cantt- 281 001

I wish to participate in 27th **Pranay Milan Sammelan**. I am sending Rs. _____ by cash/ Bank Draft bearing no. _____ dated _____ as Registration Fee along with the Registration and Matrimonial Form duly filled up by speed post / courier at the **address** as mentioned above. Photocopy of the Forms are being sent at the office of the All India Foundation of Deaf Women which will be responsible to publish Matrimonial Bulletin.

Signature of Parent

Signature of Applicant

Date: _____

Seal of Deaf NGO if the applicant is its Member

Signature of Hony Gen Secretary

For DWWE (U.P.) office use only :

Received Rs. _____ by cash / Bank Draft No. _____ Issued Receipt No. _____

No. of Persons attending the Sammelan _____

Signature of the Head



Venue: **Diamond Hotel, Belupur, Varanasi (U.P.)**
24th September 2017 Timing : 9.30 am to 4 p.m.

HOTEL ROOMS DETAILS

<p>Name of the Applicant State's Name Mobile no.</p> <p>No. of persons need room</p>	<p>Miss / Mr. _____</p> <p>_____</p> <p>Male _____ Female _____</p>
<p>HOTEL DETAILS</p> <p>Please note that the rooms will be arranged by the participants themselves.</p> <p>Must bring your identity card like adhaar card or any residency proof)</p>	<p>BROADWAY HOTEL _____ Varanasi _____ contact person - Deepak Nandan - F & B Manager Mob. No. 8840761573 , +919572030444 fb@newhotelbroadway.co.in</p> <p>RYTHEM RESTAURANT for Reservation contat - Kanhayaiya Lal Gupta Motiwal Smriti Bhawan (Opp. Kuber Complex) Rathyatra, Varanasi - 221010 Mobile No. 9044062152 , Phone no. : +91-542-2362152 email- info@klgsmritibhawan.com , website www.klgsmritibhawan.com One room charge per day - Rs. 2370/- (9 bedded room) 3 Rooms charge per day - Rs. 2810/- (3 bedded room - each room)</p> <p>ANNAPURNA GUEST HOUSE B.15/27, Faridpura, Sonarpura Crossing, Varanasi- 221001 A.C. Room - Rs. 1200/- Non A.C. Room - Rs.650/-</p> <p>For Other small Hotels , please contact Ms . NEETA DWIVEDI - Mobile no. 9450776778 (sms only) Mr. Gopal Upadhyaya - Mobile no. 8687307388 - voice and sms ok</p>
<p>Sight seeing place on own expenses</p>	<p>Can be arranged on any day convenient to participants except on 24th Sept. 2017. For this please contact Ms Neeta Dwivedi or Mr Upadhaya</p>

See forward to you for a sucuccessful matrimony alliance . All the Best

