

(Application Form For Online Listing, Digital Directory & Advertisement)

SCHEME Name: POSITION:

CATEGORY: SUB CATEGORY:

INDIVIDUAL PROFESSIONAL BUSINESS FIRM FACTORY COMPANY JOBS

MATRIMONY HEALTH ORGANISATIONS SALES PURCHASE SERVICES

Business/Firm Name:

Owner Name: Mob no:

Contact Person: Mob no:

Business Address:

State: District:

Area/city: Postal code:

Business contact no: Mob no:

Email: Website:

Qualification: Date of Birth: Age:

Gender: Male Female Blood Group: Religion:

- I want to Make my/our Website _____
- I want to Hide my mobile no / Image/ Address _____
- I want to Register Multiple Category _____
- I want to become a Part time Executive _____
- I want to become a NEDD Advertisee in _____ Pages
- I want the Sports/Cultural/Entertainment/Political/Govt News on Mob.I want the Related & _____ Information on my Mob _____.
- I want the Important/Local/District/State News on my Mob _____.

Sl. No	Description of Product	Scheme Name	Scheme Amount	Rupees.
1				
2				
3				
4				
(Rupees _____) Total Rs.				

Seal of the Firm (Amount Paid by Cheque/DD/Transfer Account Debit _____)

Executive Name: _____

Code: _____ Date: _____

Signature of the Executive

Receiver's Sign & Date

Seal & Sign of the Authority

INDIVIDUALS:

PROFESSIONALS:

BUSINESS:

FIRM/FACTORIES & COMPANIES:

SALES & PURCHASES:

HOSPITALS & HEALTH CARE:

ORGANIZATION:

JOBS & SERVICES:

MATRIMONIALS:

