**Affiliate Programme**

Registration Form

|  |  |  |
| --- | --- | --- |
| 1 | First Name |  |
| 2 | Last Name |  |
| 3 | Father’s Name / Husband Name |  |
| 4 | Marital Status  | Married / Unmarried |
| 5 | Gender  | Male / Female |
| 6 | Date Of Birth |  Year / Month / Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

 |
| 7 | Mobile No  |  |
| 8 | Whatsapp No |  |
| 9 | User Name  |  |
| 10 | Password  |  |
| 11 | State  |  |
| 12 | District  |  |
| 13 | Address | PO :VILL :PS :Land Mark :Postal Code :  |
| 14 | Referred ID  |  |
| 15 | Referred by |  |
| 16 | Email ID  |  |
| 17 | Mobile No  |  |
| 18 | State & District |  |
| 19 | Remarks |  |

**User Name :** Combination of name and first 5 digit of mobile no. (exm : - **gautam986221**)

**Password :**  Combination of letter and number (exm : - **abcd5464**)

Signature of the affiliate