**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