



DELHI FOUNDATION OF DEAF WOMEN

Registered u/s Societies Act XXI of 1860 vide its no. 9222 dated 14.04.1978

Recognised by the Deptt. of Social Welfare, NCT of Delhi Govt

Registered with NITIAYOG and u/s 52 of PWD Act 1995

Affiliated to All India Foundation of Deaf Women, New Delhi

1st FLOOR, DDA COMMUNITY HALL, GALI CHANDIWALI, PAHARGANJ, NEW DELHI - 110055



DFDW/33PMS/2022
Date: 22.02.2022

Chief Patron:

Mr. Vikas Singh
Sr. Advocate, Supreme Court

Patron:

Ms Anuradha Prasad
Chairperson & Mg. Director
BAG Films & Media Ltd.

President:

Ms Rajyalakshmi Rao
Ex-Member
National Consumer Disputed
Redressal Commn. COI

Vice Presidents:

Ms Minu Singh
Vice Chairperson, AIFDW
Ms Padma Kalra

Secretary:

Ms. Uma Kapoor

Treasurer:

Ms Renu Saluja

Program Secretary:

Ms Shivani Misri Kaul

Sport Secretary:

Ms Preeti Kaur

Exec. Com. Members:

Ms Preeti Rawat
Ms Nidhi Sharma
Ms Varsha
Ms Neeru
Ms Monika Arora

Chief Executive:

Ms. Snigdha Sharma
Mb : 9354058040

Vocational Training in:

Tailoring, Cloth Handicrafts,
Beauty Culture

Technical Training:

Computer and English
Job Placement Service

Workshops:

Parents Counseling
Career Counseling,
Matrimonial Assistance
Indian Sign Language
Legal Awareness

Income Tax Exemption

U/s 80G of IT Act 1961
FCRA No. 231650525
Pan No. AAAAD2143G

Dear Friends,

Greetings from ALL INDIA FOUNDATION OF DEAF WOMEN and its Delhi Chapter the DELHI FOUNDATION OF DEAF WOMEN

We are happy to inform you that AIFDW has allotted Host to DFDW to organize **33rd Prany Milan Sannelan (Matrimonial Assistance for Deaf)** on **April 16, 2022** in New Delhi. We invite deaf boys and girls to take part in this Golden opportunity to choose life partner of their own choice. The details are as follow :

Event & Date	33 rd Prany Milan Sannelan : April 16, 2022 – 9 am to 4 pm
Venue	Garhwal Bhawan, Garhwal Chowk, Panchkuian Road New Delhi – 110 001 (Landmark- Jhandwalan Metro Station Pillar No.44)
Registration Fee	For Boy - Rs.1000/- and for Girl – Rs. 800/- per applicant (3 - including Parents or Guardian) <i>No extra Guest</i> Last Date : April 5, 2022 : : Late Fee : Rs. 300/- extra
Facilities	Matrimonial Kit Bag, Refreshment and Lunch
Forms attached	1. Matrimonial Cum Registration Form (must complete in full)
Condition	Must send 2 passport size photographs with Complete filled up Forms by speed post (not accepted by whatsapp or e mail)
Mode of Payment (Cheque not accepted)	Through Bank transfer DELHI FOUNDATION OF DEAF WOMEN Bank Name: ICICI Bank Limited Account No. : 000701214099 : IFSC Code : ICIC0000007 or deposit Cash or Bank Draft or By QR CODE- see in Form
Hotel to stay	Booking on Advance Payment : Contact Mr. Sanjeev Narang at his mobile No. 78276 45735 (whatsapp only)

The sooner submission of form is the better for service and helps you to avoid last moment inconvenience. Wish you all the Best

Uma Kapoor
Secretary

Encl.; As above

Yours Truly

Shivani Misri
Program Secretary





Paste Passport
Size
Photograph
Attach one
Extra photo

Event _ **33 rd Pranay Milan Sammelan**

When – **Saturday April 16, 2022 :: 9. A.M. to 5 P.M.**

Venue : Garhwal Bhawan, Garhwali Chowk, Panchkuin Road, New Delhi – 110001

Landmark : Jhandewalan metro Station, Pillar no.44

MATRIMONIAL FORM: 2022

Mark Boy ____ / Girl ____ :: Deaf ____ db_ Hard of Hearing ____ db

1	Name (In Block Letter)	Mobile No.
2	Father's Name	Mobile No.
3	Postal Address	Pin Code : _____ e mail address, if any :
4	Date of Birth	Age ____ Years :: () Height ____ Feet/cms
5	Caste/Religion	
6	Education	Academic : _____ Technical : _____
7	Occupation	Attach Salary Certificate :
8	Place of Work	
9	Monthly Income Self	Rs. _____ Family Income :(Per Annum): Rs. _____
10	Divorcee, if any	No _____ If Yes - attach Photocopy of Divorce Certificate
11	Preference for Would be	Partner from ____North or ____South or ____ East or ____ West or Any ____

Important - Registration Form : 2022

**Last Date April 5, 2022
Late Fee – Rs.300/- Extra**

Name of Parents/Guardian who will come with you (Only two allowed. No extra guest please)	Father : Mr. _____ and Mother or Guardian : _____
Send the Form by Hand/ Speed Post or Courier By whatsapp or e mail not accepted) or by e mail at info@dfdwnet Mob.No. 9810467905 , or 9667269300	The Secretary , Delhi Foundation of Deaf Women, 1 st Floor, DDA Community Hall, Gali Chandiwali, Paharganj, New Delhi – 110 055
I have paid Rs. 1000/- (Boy) / Rs. 800/- (Girl) Cheque not accepted {} QR Code accepted Payment via BHIM UPI / Paytm / PhonePe / Google Pay UPI ID: delhifoundationofdeafwomen@icici	By Cash _____ or Demand Draft No. _____ in name of Delhi Foundation of Deaf Women or By Bank NEFT Transfer Bank Name: ICICI Bank Limited Account No. :: 000701214099 IFSC Code : ICIC0000007

Signature of Applicant _____ and of Parent/Guardian _____

For Office Use only

Received Rs. _____ Issued Receipt No. _____ No .of persons to attend _____

Date:: _____ .Signature of Head _____ (Name) _____



आयोजक

Successful Matrimonial
Service for the Deaf

प्रबंधक

आयोजन_ 33 वां प्रणय मिलन सम्मेलन

कब- शनिवार अप्रैल 16, 2022 (April 16,) :: 9 बजे से 5 बजे तक

स्थान: गढ़वाल भवन, गढ़वाली चौक, पंचकुड़न रोड, नई दिल्ली - 110001
(झंडेवालान मेट्रो स्टेशन, स्तंभ नंबर 44 के पास)पासपोर्ट
आकार
फोटो चिपकाएंएक अतिरिक्त फोटो
संलग्न करें

वैवाहिक फॉर्म : 2021

मार्क ✓ लडका ___ या लड़की ___ :: बधिर ___ डीबी या सुनने में मुश्किल ___ डीबी

1	नाम (सही अक्षरों में)	मोबाइल नंबर
2	पिता का नाम	मोबाइल नंबर
3	डाक का पता	पिन कोड :। _____ ई मेल पता, यदि कोई हो:
4	जन्म की तारीख	आयु _____ वर्ष :: ऊंचाई _____ फीट/सेमी
5	जाति/धर्म	
6	शिक्षा	शैक्षणिक : _____ तकनीकी : _____
7	पेशा	वेतन प्रमाण पत्र संलग्न करें:
8	आप कहां काम करते हैं	
9	मासिक आय (स्वयं)	रु. _____ पारिवारिक आय :(प्रति वर्ष) रु. _____
10	तलाकशुदा, यदि कोई हो	नहीं _____ यदि हां - तलाक प्रमाणपत्र की फोटोकॉपी संलग्न करें
11	जीवन साथी बनाने के लिए वरीयता	जीवनसाथी _____ उत्तर या _____ दक्षिण या _____ पूर्व या _____ पश्चिम या कहीं से भी _____

अत्यावश्यक भरना है पंजीकरण फॉर्म: 2022

अंतिम तिथि अप्रैल 5 (April 5), 2022
विलंब शुल्क - 300/- रुपये अतिरिक्त

आपके साथ आने वाले माता-पिता/ या अभिभावक का नाम (केवल दो की अनुमति है। कृपया कोई अतिरिक्त अतिथि स्वीकार नहीं)	पिता: _____ और माता या अभिभावक : _____
फॉर्म को हाथ या स्पीड पोस्ट या कूरियर द्वारा उस पते पर भेजें → कृपया व्हाट्सएप या ईमेल से न भेजें पूछताछ के लिए निम्नलिखित मोबाइल नंबर पर संपर्क करें। Mob.No. 9810467905 , or 9667269300	The Secretary , Delhi Foundation of Deaf Women, पहली मंजिल, डीडीए कम्युनिटी हॉल, गली चांदीवाली, पहाड़गंज, नई दिल्ली - 110 055 कार्य दिवसों पर: सोमवार से शनिवार (दूसरे शनिवार को छोड़कर)
मैं रुपये दे रहा हूँ 1000/- (लड़का) / रु. 800/- (लड़की) चेक स्वीकार नहीं : क्यूआर कोड स्वीकार 	नकद द्वारा _____ या डिमांड ड्राफ्ट नंबर _____ Delhi Foundation of Deaf Women के नाम पर या बैंक एनईएफटी हस्तांतरण द्वारा बैंक का नाम: आईसीआईसीआई बैंक लिमिटेड खाता संख्या :: 000701214099 IFSC कोड: ICIC0000007

आवेदक के हस्ताक्षर _____

और माता-पिता या अभिभावक के _____

कार्यालय के उपयोग के लिए

रुपये प्राप्त हुए। _____ रसीद संख्या _____ उपस्थित होने वाले व्यक्तियों की संख्या _____

दिनांक _____ प्रबंधक के हस्ताक्षर _____ (नाम) _____