



**DECLARATION (TO BE FILLED IN BY THE APPLICANT ONLY)**

I, \_\_\_\_\_, hereby declare that I am keen to become a volunteer for the VMACES and want to render selfless services for effective disaster management. By submitting this form, I declare that my age is **18+** years and that all the information provided by me in this form is true, correct and complete.

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of the Applicant \_\_\_\_\_

**Kindly send the duly filled-in Form at the following address:**

**President/Sectary VMACE Society, Vaishno Villa, Sainik Coloney,  
HaripurNayak, Haldwani Pin 263139 Uttarakhand India**

**E-mail the scanned copy of the duly filled-in form at  
vmacesociety@gmail.com**

