



# International Child Resource Centre ICRI Nepal

## Official Use

For official use	
Registration Number	
Date	

**Name of Volunteer:**

**Gender:**

**Volunteers Address:**

**Ward No. :**

**House No. :**

**Street Name:**

**Zone:**

**Dist**

**V.D.C/Metropolitan:**

**Name of the Organization :**

**Office Address:**

**Fathers Name :**

**Mother Mother Name :**

**Volunteers Phone Number:**

**Email:**

**Other phone No.:**

**Service Type:**

**Volunteers Identification:** Citizenship, Passport & Photo

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**Volunteers Signature**

**Finger Print**

**Nepali :**

**English :**

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1. The statement/information stated above is true, factual and legally abide by the rule of ICRI-Nepal. Thus, if proven false, I am ready to proceed under the legal action of ICRI Nepal.
2. The changes, updates or enhancement of organizational constitutional policy, plans, and priorities of ICRI-Nepal in future will be followed by me without any excuses.
3. In case of Volunteerism in this organization, I am ready to disclose my personal/ legal documents namely passport, citizenship, copies of visa and photographs .

***For Official Use only***

**Approved By**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Designation**

\_\_\_\_\_  
**Signature**  
**Date:**