

OMAIR SANA WELFARE FOUNDATION**Friends of OSWF**
Application Form

Applicant No: _____ (For office use)

Date Applied:

*Please complete this form in black ink***PERSONAL DETAILS**

Name

Address

Email

Telephone

Cell No.

NIC No.

DOB

Profession

Organization (if working)

Blood Group

VOLUNTEER EXPERIENCE

Please mention previous volunteer experience, if any

From

To

Organisation

Role/brief description of duties

EDUCATION

Please mention the final degree earned/being earned and last school/college/university attended/being attended

From

To

Institute

Qualification gained/being gained

Please indicate the areas you could help OSWFMonetary
Donation

Fundraising Events

Patient Adoption

Others _____

Blood Donation

I, hereby, declare that the information given in this form is accurate and complete. I consent to the storage of the above information on manual and computerised files.

Signature of applicant

Date

PAKISTAN: A-572, Block J, North Nazimabad, Karachi - (021) 6017653, (021) 6624736, 0300 2118018**USA:** 780, Pifer Road, Houston, Texas - (+1 832 221 8072)Email: omairsana@yahoo.com, omairsana@hotmail.comWebsite: www.omairsanafoundation.org