



**OPTIONAL**

How would you like to associate with NORKA-ROOTS/NORKA Department/ Government of Kerala?

Issues that your Association wants to draw the attention of NORKA-ROOTS/ NORKA Department/ Govt. of Kerala concerning Malayalees outside the State.

No. of members enrolled. :

*Name & Signature:*

1. President	2. Secretary	3. Treasurer

1. This web based registration may be followed by sending a hard copy of the information furnished above in the same format. 2. Names and details of the members enrolled with their e-mail id and signature may also be sent. 3. Registration numbers will be provided only after furnishing the above said information.4. This information would be used for long term policy formulation in the field of welfare and rehabilitation of Keralites outside the State.5. This information would be essentially used as a research input and would not be used for any other purposes other than official and wouldn't be parted with any other source other than official.

**FOR OFFICE USE ONLY**

Signature of Registering Authority