



Grand Lodge of Mark Master Masons of India

Application for Admission to Membership of

Mark Lodge MANGALORE No.77



To be filled up by ALL Candidates

Name in Full	SHAILESH KUDVA
Address	Nirvaana Dental Clinic, KUDVAS COMPOUND, MANNAGUDDA MANGALORE, KARNATAKA - 575 003
Date of Birth / Age	25-08-1970 / 52
Profession or Occupation	DENTAL SURGEON

To be filled up by Candidates for Advanced only

Give Name, Number and Constitution of Lodge / Lodge of which you are, and at any time have been a member, Certificate of good standing from all such Lodge , as well as your Grand Lodge of Mark Master Masons Certificate, must be produced.*.

Give Name, Number and Constitution of Lodge in which Initiated, and DATE of Initiation.	PRERANA , 313 & 18-09-2010
Give Name, Number and Constitution of Lodge in which raised, and DATE of Raising.	PRERANA , 313 & 19-02-2011
GLC No. and Date of Issue	&

(*These Certificates should be returned to the Candidate after Inspection by the Secretary of the Mark Lodge)

Date 24-06-2022	Signature of Candidate (Advanced, Joining or Re-Joining)
Name of the Proposer W.BRO. AYLIATH GOSALAKKAL JAYAKRISHNAN	Signature of the Proposer
Name of the Seconder W.BRO. ASHOK PANDIT	Signature of the Seconder

Certificate of Secretary

I certify that the above application was read in open Mark Lodge immediately before the ballot was taken

Candidate was exalted in this Mark Lodge on

Name of Secretary BRO. AVINASH SHENOY 9880734679 shenoy.avinash@gmail.com	Signature of Secretary
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NOTES

1. This form is to be handed over to the Secretary of the Lodge previous to the Convocation at which the proposition is to be made.
2. After Completing his certificate above. the Secretary will retain the Application as a permanent record of the Lodge.