



## MEMBERSHIP APPLICATION FORM

FULL NAME :

FULL ADDRESS :

DATE OF BIRTH :  DATE OF APPOINTMENT :

AT THE TIME OF RETIREMENT —

DESIGNATION :  DEPARTMENT :

DATE OF RETIREMENT :

BASIC PAY : ₹  PAY SCALE : ₹  G.P. : ₹

BASIC PENSION FIXED : ₹  MATRIX LEVEL :

CONTACT & ID DETAILS —

PHONE NO. (Land Line) :  MOBILE NO. :

E-MAIL ID :

PAN :  AADHAAR NO. :

PENSION PAYMENT DETAILS —

PENSION PAID THROUGH (BANK/P.O.) :

PPO NO. :  PPO DATE :

MEMBERSHIP FEE TENDERED : ₹  TRANSACTION NO.:

I HEREBY DECLARE THAT I WILL ABIDE BY THE CONSTITUTION AND RULES OF THE ASSOCIATION.

SIGNATURE :

STATION :

DATE :