# 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 : BLOOD GROUP :

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 :