

Maharashtra Rajya Alpsankhyak Adhikari-Karmachari Association

संदर्भ १, क्रमांक संघटना-१५१३/प्र.क्र. ७२/१६अ/सामान्य प्रशासन विभाग, मंत्रालय, मुंबई दि. १८/०४/२०१३

२. क्र. अविधि २०१३/प्र.क्र.१/कार्य-१/अल्पसंख्याक विभाग, मंत्रालय, मुंबई २०/४/२०१३

३. धर्मादाय आयुक्त यांचे नोंदणी प्रमाणपत्र क्रमांक महाराष्ट्र राज्य, मुंबई-१९७७/२०१३

जी.बी.बी.एस.डी. दिनांक ६ सप्टेंबर २०१३

Photo

Membership Form

❖ Name	_____	_____	_____
	(Surname)	(First Name)	(Middle Name)
❖ Designation :-	_____	Dept :-	_____
❖ Date of birth	_____	Age :-	_____
(dd/mm/yyyy)			
(As per record)		Sex <input type="checkbox"/> male	<input type="checkbox"/> female
❖ Blood Group :	_____		
❖ Marital Status	<input type="checkbox"/> married	<input type="checkbox"/> single	<input type="checkbox"/> widow/widower/divorcee
❖ Caste / Sub Caste :	_____		
❖ Category :-	OPEN/OBC/SC/DT/NT/SBC/PH		
❖ Present Residential Address	_____	Permanent Residential Address	_____
	_____		_____
	_____		_____
❖ Office Address :-	_____	Tel. No. of Office (with STD code) :	_____
	_____	Resid. (with STD code) :	_____
	_____	Mobile No.	_____
		Email ID :-	_____
❖ Educational Qualifications :-	_____		

❖ Family Information

Relation	Name	Age	Date of Birth	Qualification	Present Occupation
Spouse					
Son-1					
Son-2					
Daughter-1					
Daughter-2					

❖ I here by accept all the terms, conditions and aims of Association. (Existing & Future)

Signature _____

Name of recommended

Signature _____

member _____

Date _____

FOR OFFICIAL USE

Date of application before Executive Committee

In the Executive Committee meeting dated Founder / Ordinary / Life Member / Doner / Member granted / Not granted.

Member Registration No. Receipt No.

President

Secretary

Treasurer

Received from Maharashtra Rajya Alpsankhyak Adhikari-Karmachari Association

Shri Designation : Dept.

Entry Fee Rs. 50/- and Membership Fee Rs. 100/- (Annual) (Total Rs. 150/-) today.

Name of receiver Designation : Dept.

Place :

Date :

Signature :