



Name of retiree officer/spouse (in case of deceased officer)				
Name of deceased officer				
Employee No. / (Membership No.)				
Last designation / Grade				
Last place of posting	Division	Unit		Location
Date of superannuation				
Payment unit				
Address for correspondence	Lane-1			
	Lane-2			
	City			
Email address				
Contact No. (Land line/Mobile)				
Membership fee* * Not to be paid in case of spouse of a deceased officer		Rs. 2500/- (Rupees Two thousand five hundred only) <input type="radio"/> Paid by cash <input type="radio"/> Paid by DD/Cheque (No.....) <input type="radio"/> Paid online (Txn. No.....)		
Declaration	I hereby acknowledge that I have read and understood the Memorandum of Association and Rules & Regulation of the Society and I agree to abide by them. Please accept this as my application for membership in the society as per particulars given above.			
<div style="display: flex; justify-content: space-between;"> Date..... Signature </div>				
Membership approved and recorded in the Membership Register at Sl. No..... <div style="display: flex; justify-content: space-between;"> (President) (Secretary) </div>				