

Ministry Of Health Co-operative Thrift & Credit Society Ltd. Nirman
Bhawan New Delhi- 110108.

Account No.-----

Ledger No.-----

APPLICATION FOR MEMBERSHIP

The Hony. Secretary
Ministry of Health Co-operative Thrift and Credit Society
Nirman Bhawan, New Delhi

Dear Sir,

Photo

I wish to apply for admission as a member of the above named society. I have understood the rules and by laws of the Society and I hereby agree to abide by them.

I request that the Committee may allot me one share and I hereby agree to accept the same or any less number that may be allotted to me.

The share money will be paid in full/in five equal instalments.

I nominate under the Co-operative Societies Act 1912, Shri/Smt/Miss -----
relation-----address-----
----- age ----- I wish on my death, all shares or interest in the society to transferred in
his/her name .

I agree to Pay Rs.----- (Rupees.----- only) per month ,
on account of monthly Compulsory
Deposit(CD),andRs.----- (Rupees.----- only)on account of
monthly Optional deposit (OD) .

I authorize DDO/Cashier Ministry of Health and Family Welfare, Department of Health/Family
Welfare/DGHS/NML/CHEB/MSO/Ayush/CDSCO(FDA) to deduct from my pay due to the society.

Full details are given below

Yours faithfully

(Signature of Applicant)

Name In (Block Letter)-----

Deptt/Office-----

Section----- Room No-----

Phone No.----- Mob.-----

Present Address-----

Permanent Address-----

Date of Appointment-----

Date of Retirement-----

Date of birth-----

Husband/Father's name-----

Address-----

(Signature of Applicant)

I know Shri/Smt/Miss _____ who has single the application in my/our presence intimating and having regard to the object of the society and the rights, obligations and responsibilities of the members. I am /we are of the opinion that he is fit and suitable person for admission as a member and we take his responsibility for any kind of his misconduct.

1. _____ (Membership No.) _____

Address _____

Signature _____

2. _____ (Membership No.) _____

Address _____

Signature _____

Resolution No. _____ Date _____

Signature of the Hon. Secretary _____

Hony. President _____

