

MEMBERSHIP FORM

Personal Details

| | |
|-----------------------|-------------------------------------|
| CRR I ID No. _____ | |
| Name _____ | |
| Designation _____ | Date of Joining in CRR I/CSIR _____ |
| Section/Div. _____ | Present Basic Pay _____ |
| Date of Birth _____ | |
| Father's Name _____ | |
| Present Address _____ | |

Fee & Deposits

| | | | |
|-------------------------|------------|-----------------------|------------|
| Admission Fee | : Rs.5.00. | Pass Book Fee | : Rs. 5.00 |
| Compulsory Deposit: Rs. | | Optional Deposit: Rs. | |
| In cash/Cheque No. | | Draw On | |

I wish to become the member of the society. The bye-laws rules and regulations of society have read by me. I will abide by the-laws and rules and regulations of the society. I certify that I am not a member of any other limited or unlimited Co-Operative Thrift and credit Society.

I nominate the following to receive the money due to me in case of my death:

Name of nominee(s) _____ Relationship _____
Permanent Resident _____
Address _____

Place: CRR I, New Delhi-110020

Date: _____

Signature

Recommended By

ID No Name

Designation

Signature

Approved By

President/Secretary