

MEMBERSHIP APPLICATION FORM



AKASH GRAMIN MAHILA VIKASH SAMITI

**A Non - profit Non-Government Organization (NGO) regd. under the society registration ACT 21 OF 1860
with registration no. 645/2001/02 and NGO Darpan unique ID no.BR/2018/0202248**

To,
The governing body
AGMVS
BHAGALPUR(BIHAR)

I/We whose particulars are given in proforma hereunder, having fully read and understood the byelaws of the AGMVS, its objects and activities, declare that I/We fully endorse. the utility of the said organization for social cause.

I/We feel from within my conscience and best judgment that I/We should become member of AGMVS and contribute towards the achievements of its goals and objects calculated to yield valuable social benefits.

I/We therefore request the governing body to admit me as ORDINARY/LIFE member of the society on the terms and conditions as set out in the byelaws of the society.

I/We hereby undertake to fully abide by the said terms and conditions in true spirit and to work for and contribute to the advancement of the objects of the society whenever required this request membership fee is being submitted this application.

Thanking you,

Yours's faithfully

[_____] (SIGNATURE)

(NAME)

PROFORMA FOR PARTICULARS OF THE MEMBER

1. NAME

(Tick any One) MR [] MRS [] MS [] M/S []

FIRST NAME _____

SECOND NAME _____

LAST NAME _____

2. STATUS (Tick any One)

INDIVIDUAL [] HUF [] FIRM [] COMPANY [] ASSOCIATION []

3. SEX

FEMALE []

MALE []

4. DATE OF BIRTH / DATE OF REGISTRATION

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 (DD/MM/YYYY)

5. FATHERS NAME

MR. _____

6. POSTAL ADDRESS

HOUSE NO. _____

STREET/AREA _____

DISTRICT _____

STATE _____

PINCODE _____

COUNTRY _____

COUNTRY CODE _____

7. MOBILE NO

8. AADHAR NUMBER

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9. EMAIL

10. PERMANENT ADDRESS

HOUSE NO _____

LAND MARK _____

DISTRICT _____

STATE _____

PIN CODE _____

COUNTRY _____

COUNTRY CODE _____

11. EMPLOYMENT STATUS

GOVT.EMPLOYEE [] _____
SELF EMPLOYED [] _____
OTHER (MENTION) [] _____
PRIVATE SECTOR EMPLOYEE [] _____
WORKING IN ANY NGO [] _____

12. EDUCATIONAL QUALIFICATION

DOCTORATE [] _____
MASTERS/POST GRADUATION [] _____
GRADUATION [] _____
12th CLASS [] _____
MATRICULATION [] _____
BELOW MATRICULATION _____

13. MEMBERSHIP OF ANY OTHER ORGANIZATION (IF YES GIVE DETAIL NAME, ADDRESS ETC.)

14. MEMBERSHIP CATEGORIES APPLIED FOR (SELECT ONE)

A. ONE YEAR MEMBERSHIP FEE (Rs.1101.00) []
B. LIFE TIME MEMBERSHIP FEE (Rs. 2101.00) []

15. PAYMENT'S

AMOUNT Rs. _____
RUPEES _____
BANK NAME _____
IFSC CODE _____
CHEQUE/DD NO _____
ISSUE DATE _____
BANK & BRANCH _____

DECLARATION:

I / we hereby confirm that above mentioned information is true and correct to the best of my knowledge and belief and I understand and agree that the payment under consideration is contribution for life time membership or one year's ordinary membership and is non- refundable.

NAME _____
PLACE _____
DATE

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[]

(Signature of applicant)

FOR OFFICE USE ONLY

RECEIPT

THIS TO CONFIRM A FULL FILLED MEMBERSHIP APPLICATION FORM ALONG WITH THE

DD _____

M.O _____

CHEQUE OF RS _____

HAS BEEN SUBMITTED BY

MR/MRS/MS _____

FATHERS NAME

MR. _____

DATE

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PLACE _____

[_____]

(SIGNATURE OF RECEIVING AUTHORITY)

NAME _____

DESIGNATION _____

NOTE-

APPLICANT HAS TO ATTACH A XEROX COPY OF VOTER ID CARD, AADHAR CARD, RATION CARD, PASSPORT AS IDENTITY PROOF ALONG WITH THIS FORM.

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WEBSITE - agmvs.org.in