Membership NoDate.....

Application Form for Membership and Shares

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The Secretary/Administrator,

of the managing Committee.

| Indow | | University | Employees' | Co operativa | Credit Society | I td |
|--------|-----|------------|------------|--------------|----------------|------|
| Jauavj | pur | Oniversity | Linployees | Co-operative | Cicuit Society | Lu. |

| Dear Sir, | | | | | | | | |
|--|---------------------------------------|--|--|--|--|--|--|--|
| | y Employees' Co operative Credit | | | | | | | |
| membership of the Jadavpur University Employees' Co-operative Credit Society Ltd. And request you for allotment of ordinary shares of Rs.10/- each on the terms of the bye-laws of the society. I am prepared to | | | | | | | | |
| | | allotted to me and I authorized you to place | | | | | | |
| | holders in case this application is g | granted. I agree to pay the admission fee of | | | | | | |
| Rs.5/- only. I hereby declare that I am not a mer | nber of any other registered Co-ope | rative Credit Society. | | | | | | |
| Name in full (block letters) | | Cast- General/SC/ST/OBC-A/OBC-B | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Date of appointment | Confirmation | Retirement | | | | | | |
| Date of birth | AgeEmplo | yee. ID | | | | | | |
| Name of the father | | | | | | | | |
| Name of the nominee | | | | | | | | |
| Relationship with nominee | | | | | | | | |
| Date | | | | | | | | |
| Speci | men signature of the applican | Signature in full t | | | | | | |
| | | • | | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| - | - | Empl. ID | | | | | | |
| (2) Signature in full) | | | | | | | | |
| | | Empl. ID. | | | | | | |
| submitted along with the form. | | size photos, Cancel Cheque to be | | | | | | |
| The Finance Officer | | | | | | | | |
| Jadavpur University, | | | | | | | | |
| Sir, I do horoby outborize the University | to deduct Do (Duppoo | \ \ | | | | | | |
| | |) il further intimation and pay the sum to the | | | | | | |
| | | ting the same to my thrift fund deposited | | | | | | |
| account. | | | | | | | | |
| | | Yours faithfully, | | | | | | |
| Dated | • • | Signature in full | | | | | | |
| Name of the pay bill Fol | io | Signature in full | | | | | | |
| · · | OFFICE USE ONLY | | | | | | | |
| Admitted and allotted | shares vide Res. No | dated | | | | | | |

Secretary/Administrator,