SREE NARAYANA PENSIONERS' COUNCIL

S.N.D.P. YOGAM, KOLLAM-691001

Email:sreenarayanapc@gmail.com

MEMBERSHIP FORM

PHOTO

No.

1. Name.....

2. Age.....3. Sex.....4. Blood Group.....

5. Date of birth.....6. Date of Superannuation:.....

7. Full Residential Address.....

.....

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.....Ph.....

8. Educational Qualification :.....

9. Marital Status:.....

10. If Married, Name of Spouse.....

11 Phone (with STD).....(Res).....Mob.....

12 WhatsApp No.....Email:.....

13 Designation & Department at the time of retirment.....

14 Details of familly.....

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Declaration of the Applicant

I.....declare that the particulars given above are true and correct to the best of my knowledge and I also agree to abide by the rules and regulations in force from time to time. If I violate any rules and regulations necessary action can be taken by the governing body of the Council.

Signature.....

Recommendation

I Propose to admit Shri/Smt.....as a Member of Sree Narayana Pensioners' Council. He/She is personally known to me

Place :

Signature:.....

Date :

Name :.....

For office use only

Admitted / Rejected

Membership No.....

President

Secretary