**(Paste here a recent passport size photo)**

**CCRH PENSIONERS’ WELFARE ASSOCIATION**

**(Affiliated with National Federation of Pensioners’ of AYUSH Councils (NFPAC)**

(an all India organization of pensioners’ and family pensioners of Central Council for Research in Homoeopathy under Ministry of AYUSH, Govt. of India)

 (Registration No. KTM/TC/639/2015 under Travancore Cochin Literary Scientific and Charitable Societies Act XII of 1955)

website: [**www.aiccrhpwa.weebly.com**](http://www.aiccrhpwa.weebly.com) E-mail: **ccrhpwa@gmail.com**

**APPLICATION FOR MEMBERSHIP**

1. Name (in block letters):
2. Date of birth:
3. Pensioner or family Pensioner:
4. Post held at the time of Retirement:
5. Date of Retirement & whether Superannuation /VRS/CR:
6. PPO No, date and mention the amount of Original Pension & Reduced pension:
7. Permanent Address with Pin code:
8. Mob. No. Landline Ph. No. Email Id:
9. Aadhar No. & Pensioner Id No.:
10. Date of initial appointment under CCRIMH/CCRH:

I, Shri/Smt./Dr……………………………………………………………………………………wish to join as a member of CCRHPWA and agree to pay the prescribed entrance fee and subscription as decided by the General Body/Executive Committee or as laid down in the bye law of the association from time to time.

I do hereby undertake that I shall abide to adhere the rules and regulations of the association as framed in the bye laws.

I further declare that the above information is true to the best of knowledge and belief.

Place: Signature of the applicant:

Date:

1. Membership considered & admitted (M. No…….) in the Special/GB/EC meeting of CCRHPWA held on…………………………
2. Entrance fee Rs………… & monthly/annual subscription Rs……….. (Total Rs………… (Rupees…………………………………………………….…only) by Cash/ Cheque/DD/net banking.

General Secretary/President.