

KRIBHCO RETIREES' WELFARE ASSOCIATION

A-22, Yojna Vihar, New Delhi – 110092

Email Id: krwa18@gmail.com, Website www.krwaIndia.org

Mobile No- 9899995937

Membership Application Form – Individual

PHOTO OF RETIREE

1) NAME in full Mr./Mrs./Ms (Surname).....

(2) Father's Name.....

(3) Personal No.....(4) Age Dt of Birth.....

(5) Last Designation..... (6) Date of Retirement.....

(7) Service Period of KRIBHCO from.....to.....

8) Unit- Surat/HO/CMO ZONE: EAST/WEST/NORTH/SOUTH/HO/CMO/PLANT

9) EPF Account No

10) Pension Payment Order No.

11) Concerned RPFO address

12) Residential Address.....

.....Pin Code:.....State:

13) Mobile No.....E-mail ID in CAPITAL.....

14) Name of Spouse.....

15) Other Information if any :.....

(16) Transfer of Membership in case of demise of the retiree member:- The membership of KRWA shall stand automatically transferred to the spouse.

DECLARATION

We declare that the statements made in this application are correct. I agree to abide by the Rules and Regulations of the Association as framed from time to time.

.....
(Spouse Signature)

Date.....

.....
(Applicant's Signature)

RECOMMENDING AUTHORITY -

UNIT Date.....

:- FORMS DULY FILLED IN TO BE SENT TO FOLLOWING ADDRESS:-

KRIBHCO RETIREES WELFARE ASSOCIATION, A-124, GARIMA VIHAR, SECTOR-35, NOIDA- 201307, UP

(Enclose Cheque No.....Date.....for Rs 5000/- Payable to "KRIBHCO Retirees Welfare Association" or online transfer in KRWA Account No. 12362122002486, **IFSC: PUNB0123610** MICR Code: 110024683, Punjab National Bank, Sector-34, Noida. Vide online Transaction No.....Date.....