



L E A D E R S

C/o Sh. R. K. Mohanty, T-3, HIG-167, Srinidhi Tower, Vinayak Nagar, VUDA
Colony, Gajuwaka, Visakhapatnam - 530026 **Website:**

www.leaders.org.in

Andhra Pradesh Societies Registration Act, 2001 No. 176 of 2018 dated
16.03.2018

Member Application Form

To,

The General Secretary, LEADERS

1.	Name	
2.	Father / Husband Name	
3.	Date of Birth	
4.	Occupation	
5.	Designation	
6.	Office Name	
	Location	
	City & PIN	
	State	
7.	Residence Location	
	City & PIN	
	State	
8.	Permanent Address	

Signature

	City & PIN	
	State	
	Contact Person Name	
	Contact Person Phone	
9.	Office Phone	
10.	Residence Phone	
11.	Mobile Number	
12.	Email (Office)	
13.	Email (Personal)	
14.	CHSS Member	Yes / No
15.	No. of Dependents	
16.	Educational Qualification	
17.	Areas of Interest	

DETAILS IF SERVING IN DAE

18.	Employee Number	
19.	Computer Code No.	

Signature

20.	Date of Joining DAE	
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DETAILS IF NOT SERVING IN DAE

21.	Date of Joining DAE	
22.	Unit Joined	
23.	Designation (Joining)	
24.	Date of Leaving DAE	
25.	Unit Left	
26.	Designation (Leaving)	
27.	Mode of Leaving	<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination Any other mode, please specify _____
28.	Pension Id.	
29.	CHSS No.	

MEMBERSHIP RELATED

30.	Member Category (Select all applicable)	<input type="checkbox"/> Group A Staff <input type="checkbox"/> Group B Staff <input type="checkbox"/> Group C Staff <input type="checkbox"/> Ex - Staff <input type="checkbox"/> Scheduled Castes <input type="checkbox"/> Scheduled Tribes <input type="checkbox"/> Other Backward Classes
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Signature

		<input type="checkbox"/> Physically Disabled <input type="checkbox"/> Women <input type="checkbox"/> Doctor
31.	Mode and details of subscription (+ admission fee) payment	

I, _____, the undersigned, pledge to abide by bye-laws, all rules, regulation and procedures set forth by the Association. I also certify that the above information is true to the best of my knowledge and belief.

Signature :
Name :
Place :
Date :

TO BE FILLED IN BY THE ASSOCIATION

Leader No. : _____
Date of Joining : _____
Receipt No. : _____

It is certified that Shri/Smt/Kum is a member of LEADERS.

Signature of General Secretary

Signature