

MEMBERSHIP REGISTRATION FORM – ICGWA-TN

Name of the Applicant	
Ex Rank	
Ex Service No	
PPO No	
Ex ICG Card No	
Aadhaar No	
PAN No	
Blood Group	
Present Communication Address	
Permanent Address	
Mobile No / Alternative No if any	/
Email id	
Next of Kin Details	
No of Children and their details	

DECLARATION

I hereby agree and conform that I will abide the Byelaws of ICGVWA-TN at all time. Further, I assure that I will cooperate and participate in the association events whenever time permits. I am voluntarily joining the association and I am fully understand that this association is formed for the benefits of retired ICG uniformed personnel. Hence, I will not raise any legal complications against the association without the knowledge of President / Secretary of this association if at all any issues it will be discussed and amicably sorted out within the association. Also I agree to pay Rupees 1000 /-(One Thousand only) every year as annual subscription every year between 1st to 30th of April without failure either through cash deposit / bank transfer / or any other available mean.

Date:

Place:

Signature of the Member

APPROVED / NOT APPROVED

PRESIDENT / SECRETARY / TREASURER