Electrical Inspectorate Engineers' Welfare Society

Abdul Vahab Memorial Engineers' House, FF2, Future Centre, Sahodara Samajam Road, Thiruvananthapuram - 695001

Registration Number: 229/83

## Application form for Membership cum Nomination

Name of the Engineer																			
Designation																			
Office Address																			
Office Address																			
Pin Code Pin Code																			
						D	ate of	Birth											
Date of joining i						n the [	Depart	ment											
Date of								f Supe	erannu	ation									
Blood group																			
Pern	nanent	Addre	ess																
										Pin Code									
									PIII	Joue									
Contact No. (Res)																			
Mobile No.																			
e-mail ID											ı				1				
Marital Status						Married Unmarried													
If married, Particulars of Spouse and Children (optional)																			
Amount																			
Cert	Certified that I am a member of the Electrical Inspectorate Engineers' Association and the particulars furnished																		
above are correct to the best of my knowledge and belief. And I agree to abide by the Rules and Regulations of																			
the Welfare Society as they now stand or as they hereafter be amended.																			
l	Date:																		
Place:							(Signature)												

## Form of Nomination

------ having a family / having no family nominate the under mentioned person(s) who is a / are member(s) of my family to receive the amount from the Electrical Inspectorate Engineers' Welfare Society in the event of my death.

#	Name and address of nominee(s)		Relationship						Age			
	Contingencies on the happening of the nomination shall become invalid											
Name	Name, address and relationship of the person(s), if any, to whom the right of the nominee shall											
pass	pass in the event of his / her predeceasing the member or on the happenings of contingencies specified in item above.											
- op 00.												
	Witness 1	Signature Witness2										
	For Offic	) 'A 115A										
	Date of a											
	Contributio											
	Receip											
	Whether approx											
	Whether approx											
	Membership number											
		enrolment										
	Date of issue of											