Form S . N o _ _ _ _ _

DEFENCE SERVICES OFFICERS' INSTITUTE, IMPHAL

Old Airfield Koirengei, District - Imphal East
Pin - 795002, Manipur
0385-2954102 **dsoiimphal@gmail.com** **www.dsoiimphal.com**
secretary@dsoiimphal.com

Paste Photograph of Member

Membership No. Allotted .....Register SI. No.....
(For Office use only)

Paste Photograph of Members Spouse

APPLICATION FOR DSOI IMPHAL MEMBERSHIP

(Please type or use Block Capital letters & Ball Point Pen)

1. Type of Membership **REGULAR /TEMPORARY**
2. Rank & Name ..... Personal No .....
3. Date of Birth .....Date of Commission.....
4. Type of Commission **Permanent/Short service**
5. Service **Army/Navy/Air Force**
6. If serving, please fill in the following details: -
   - 6.1 Identity Card No._____
   - 6.2 Issued By _____
   - 6.3 Full Address of Unit/Formation_____

   _____

   _____Tel No_____
7. If **Retired/ Widow** please fill in the following details: -
   - 7.1 PPO No. _____
   - 7.2 Identity Card No _____
   - 7.3 Issued by _____
   - 7.4 Type of Retirement **REGULAR / PMR /VOLUNTARY /MED /SHORT SERVICE**

8 Aadhaar Card No
- 8.1 Member -_____
- 8.2 Spouse - _____
- 8.3 Dependent No.1_____
- 8.4 Dependent No.2_____
- 8.5 Dependent No.3_____
- 8.4 Dependent No.4_____

Specimen Signature - Officer _____Spouse_____

9 Permanent Home Address _____

_____

_____Tel No. _____

10. Were you a member of this Institute previously? If so, please provide the following details:-

10.1 Old Membership No. _____

10.2 Reason for termination _____

_____

11. Bankers Details:-

11.1 Bank Name _____

11.2 Branch Name _____

11.3 IFSC Code _____

11.4 Bank Account No. _____

12. Marital Status - **Married / Single /Divorcee /Widow / Widower**

13. Details of dependents and Sons below 25 years & Daughters (Unmarried):-

Ser No.	Relation	Name	Date of Birth	Photo
13.1	Spouse			Paste Photo
13.2				Paste Photo
13.3				Paste Photo
13.4				Paste Photo

Specimen Signature - Officer _____Spouse……..

DECLARATION

(Strike Out whichever is Not Applicable)

1. I undertake to become a **Regular/Temporary** member of the Defence Services Officers' Institute.
2. I have read the Rules and Bye-Laws of the Institute and agree to abide by the same.
3. I undertake to intimate any change of Office/Residential Address and Tel Nos to DSOI, Imphal immediately on posting/transfer/shifting to a new location.
4. I undertake to intimate DSOI Imphal regarding cancellation of my Temporary Membership, consequent upon my posting out of Manipur.
5. I hereby certify that I will clear all my dues/subscription on due date even if the bill is not received for any reason whatsoever. In the event of non-clearance of the dues in time, action to terminate my membership may be taken as per rules in force.
6. I will always keep DSOI Imphal informed about my latest place of posting or residence.

Date : _____ _____
(Signature of Applicant) Place: _____

COUNTERSIGNED

It is hereby Certified that the officers' details including details of dependents have been checked and found to be correct. The officer will clear all his dues and obtain clearance certificate from the Institute before leaving the Unit/Establishment/Station on posting / retirement.

RECOMMENDED/NOT RECOMMENDED

For Retired Offrs

(Signature)
Secretary
Rajya Sainik Board , Manipur
Date :_____
Place: _____

Stamp /Seal

For Serving Offrs

(Signature)
CO/ HOD/ OC
Unit - _____
Date ;_____
Place:_____

Stamp /Seal

Specimen Signature - Officer _____Spouse……..

FOR OFFICE USE ONLY

1. Date of receipt of Application ……

2. Details of Payment Made:-(Strike Out Whichever is Not Applicable)

S/ No	Type of members	Term	Membership Fee (Non-Refundable)	Security Deposit (Refundable)	Annual Subscription
10.1	Regular	05 yrs	Rs. 5,000/-	Rs. 5,000/-	Rs.6,000/-
10.2	Temporary	01 yr	Rs.1000/-	Rs.2000/-	Rs.6000/-
10.3	Casual	01 day	Rs. 500/- Per day	NA	NA
10.4	Casual members Guests	01 day	Rs. 250/- Per day/guest Max 4 guests per day	NA	NA
10.5	Regular and temporary members guests	01 day	Max 8 guests per day		

Secretary

(Recommended / Not Recommended)

(Signature)
Date :_____
Place: _____

President

(Recommended / Not Recommended)

(Signature)
Date :_____
Place: _____

1. Membership No. Allotted-_____Date _____

2. Member intimated on date _____Signature_____

Specimen Signature Officer Spouse……