

SOCIAL SECURITY FOUNDATION

Regd By: Ministry Of Corporate Affairs, Govt. Of India

Regd. Office : Near Agriculture Complex, Distt. Udhampur (J&K)
(M) 9419988786, 9019988786, 7006643005, 7051099579
Email: cibindia2000@gmail.com Website: www.cibindia.net



MEMBERSHIP FORM



Required Documents:-

1. Residence Proof with Signature, Pease Tick .

(1) Ration Card (2) Election Card (3) Adhaar Card (4) Driving License (5) Passport

(6) Other Pl. Specify

2. Four passport size photographs.

Name: - _____ S/O, D/O, W/O:- _____

Date of Birth: - _____ Married (Yes/No) (if Yes) Date:- _____

Postal Address:- _____

Occupation _____ Firm/Company/Organization Address: - _____

Qualification _____ E-mail Address _____

Phone No: (O) _____ Phone No: - (H) _____

Mobile No: - _____ Citizen: - _____

Instructions:

1. Any member found misusing the issued identity card, will be expelled from the CIB and his/her membership shall stand cancelled with immediate effect, further he/she would be handed over to local police for necessary legal action.
2. He/She would be in constant contact with the Head Office, so that the aims and objective along with the guide lines as laid down by the head office are timely achieved.
3. The rules & regulations as laid down by the head office for the District Committee can be collected from the Head Office.
4. This form completely filled along with prescribed Bio Data and Affidavit (which should be attested by an Advocate/Oath Commissioner/Notary) must be sent to the Head Office .
5. The Donation is use for noble cause worldwide. Not allow to any cash to any person.

Place : _____

Date : _____

Member's Signature _____

.....FOR OFFICE USE ONLY.....

District Committee No..... Membership No.....

I-Card issue date Payment Received DD/cheque No.....

Member's Signature

National Secretary

National President