

**APPLICATION FOR MEMBERSHIP OF THE ASSAM AGRICULTURAL
UNIVERSITYEMPLOYEE'S CO-OPERATIVE MUTUAL BENEFIT FUND LIMITED
AAU, JORHAT-13**

To,
The Secretary,
AAUECMBF Ltd. AAU, Jorhat-13.

Passport
Photograph

1.	Name of the applicant in full (in Block Letters)	:							
2.	Father's / Husband's Name	:							
3.	Designation	:							
4.	AAU Employee ID Number	:							
5.	Office Address	:							
6.	Present residential Address	:							
7.	Permanent residential Address	:							
8.	Date of first joining in the AAU service	:							
9.	Date of Birth	:							
10.	Date of Retirement	:							
11.	Nos of shares to be purchased per month: (Minimum 50 nos and Maximum 500 Nos shares @ Rs. 10 per share) Please √.		<table border="1" style="display: inline-table;"> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">100</td> <td style="text-align: center;">150</td> <td style="text-align: center;">200</td> <td style="text-align: center;">other</td> </tr> </table> *If other, please indicate the Number of Shares to be subscribed:- <input style="width: 100px;" type="text"/>	50	100	150	200	other	
50	100	150	200	other					
12.	Amount of Subscription per month: (Please √) (Maximum ₹ 5,000.00)		<table border="1" style="display: inline-table;"> <tr> <td style="text-align: center;">₹ 500.00</td> <td style="text-align: center;">₹ 1000.00</td> <td style="text-align: center;">₹1500.00</td> </tr> <tr> <td style="text-align: center;">₹ 2000.00</td> <td colspan="2">Any Other: ₹ <input style="width: 100px;" type="text"/></td> </tr> </table> Rupees: _____ only	₹ 500.00	₹ 1000.00	₹1500.00	₹ 2000.00	Any Other: ₹ <input style="width: 100px;" type="text"/>	
₹ 500.00	₹ 1000.00	₹1500.00							
₹ 2000.00	Any Other: ₹ <input style="width: 100px;" type="text"/>								
13.	Mobile number	:							
14.	WhatsApp Number	:							
15.	AAU Email ID	:							
16.	Bank Account Number	:							
17.	Bank and Branch name (Preferably SBI)	:							
18.	IFSC	:							

I do hereby solely undertake the responsibility for subscription under the AAUECMBF Ltd and declared that I shall abide by the terms and condition of the society. I also give my consent for deduction of my monthly subscription amount towards the fund from my pay.

Further, I hereby declare that in the event of any loan sanctioned against my MBF Account in future, I will refund the loan amount with interest in the stipulated time. Moreover, I also hereby declare that in the event of any untoward incident i.e. die in

harness/compulsory retirement/ voluntary retirement/death or otherwise, the outstanding balance amount of loan with interest can be realized from my retirement benefit /pension benefit /any other mode by the AAUECMBF LTD.

Signature of the Applicant

Date: _____ **Place:** _____

Forwarded to the Chairman, AAUECMBF LTD., Jorhat for necessary action.

Signature of the Drawing & Disbursing Officer
(With Office Seal)

For Office Use Only

Name of the Applicant	:	
Designation	:	
Allotted MBF Account Number	:	
Monthly Subscription Amount	:	
Date of Joining in MBF	:	

Approved By

Secretary
AAUECMBF LTD, Jorhat

Chairman
AAUECMBF LTD, Jorhat

N.B. A . Please enclose the following documents along with application form:

1. **Appointment order/ Joining Report.**
 2. **Copy of Bank Passbook (SBI)**
- B. Incomplete application form will not be accepted.**
- C. The allotted A/c. number should be quoted in all correspondences.**

FORM -B
Nomination for Benefit under the AAUECMBF. LTD, Jorhat – 13

FORMS OF NOMINATION

I do hereby nominate the person / persons mentioned below and confer on him / her / them the right to receive to the extent specified below any amount that may be sanctioned by the AAUECMBF. LTD, Jorhat - 13, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name & Address Nominee / Nominees	Relationsh ip with the Member	Age	Contingencies on the happening of which nomination shall become invalid	Name, Address & Relationship of the persons, if any to whom the right of the nominee shall pass in the event of his / her / them predeceasing the member

Dated, this..... Day of 20.....at

**Signature of the witness
with Official Designation & Address.**

1. _____

Full name: _____

2. _____

Full name: _____

<p>Countersignature</p> <p>Drawing and Disbursing Officer with office seal</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of the Member</p> <p>Full Name: _____</p> <p>MBF Account Number: _____</p>
--	--

Accepted & recorded / entered

Chairman
AAUECMBF LTD, Jorhat-13.

Secretary
AAUECMBFLTD, Jorhat-13.