

## VOLUNTEER MEMBERSHIP FORM

(Form only to be filled by serious candidates)

S.R No. : \_\_\_\_\_ (for office use only)

Date: \_\_\_\_\_

FullName: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

State: \_\_\_\_\_ Pin: \_\_\_\_\_

Country : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Contact No. : \_\_\_\_\_ E-Mail : \_\_\_\_\_

PAN No. : \_\_\_\_\_ AADHAR NO. : \_\_\_\_\_

Passport Number: \_\_\_\_\_ (In-Case of Non-Indian Citizenship)

Educational Qualification : \_\_\_\_\_

Paste Applicant's recent  
colour photograph  
And sign it across.

### VOLUNTEER MEMBERSHIP & DONATION

The admission fee and the subscription shall be as under unless otherwise revised by the Governing Body of the Community Health Mission:

#### MEMBERSHIP SUBSCRIPTION<sup>#</sup> AMOUNT: 1000/- (One Thousand Only)

Additional Contribution Amount\* : \_\_\_\_\_ ( \_\_\_\_\_ )  
In figures In Words

\* Donation exempted U/s 80G (5)(vi) of Income Tax

Payment by Cheque / Demand Draft/ Online Transfer - In Favour of Community Health Mission

HDFC BANK LTD A/c No. :50100220705281 IFSC: HDFC0000003 Branch: KG Marg, New Delhi 110001 MICR Code :110240001  
Swift Code: HDFCINBBDEL (For International Transfer)

#### Payment Details:

Issuing Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Cheque No/ DD No. \_\_\_\_\_ Amount (INR): \_\_\_\_\_

IF, Online Transfer: UTR No. \_\_\_\_\_

The Governing Body shall have the power to increase, decrease or vary the amount of annual subscription/renewal from time to time. Additional subscription, in addition to the monthly/annual subscription referred to hereinabove, may be collected by the Governing Body from Members for a general or specific purpose or project.

Brief description of the Applicant:

Why the Applicant wants to join Community Health Mission?

*"No individual shall fail to secure adequate medical care because of the inability to pay for it"*

**TERMS AND CONDITIONS AND RULES**

- 1) The applicant should be above 18 years and should be of sound physical and mental strength to be active member of the organization.
- 2) The applicant should be willing to work for the organization as per the tasks allotted to them from the chairman or core committee.
- 3) The chairman or management committee will have first right to approve, renew or revoke the membership with or without prior notice as per the rules and regulations of the organization.
- 4) The applicant will give his best effort to full fill objective and task assigned to him or her.
- 5) Applicant should attend the general meetings and participate fully and will have to give a written application for being absent, 3 days before the meeting.
- 6) The chairman has the supreme power to form or diffuse a management committee and its members.
- 7) It is duty of a member to obey and give due respect to the chairman and the management committee.
- 8) Membership fee should be paid in full along with the application form, In-case of rejection of application the membership fee will be refund with in a week's time.
- 9) In-case member decides to forego his/her membership or if his/her membership is revoked by the organization as per the decisions of the management committee the Membership fee will not be refunded.

**Documents to be provided:**

- |   |  |
|---|--|
| 1. Recent Colour Passport size Photograph (Applicant) | 4. Membership Subscription fee –<br>Cheque / Demand draft / Online payment Receipt |
| 2. Duly signed Copy of AADHAR Card (Applicant)        |  |
| 3. Duly signed Copy of PAN Card (Applicant)           |  |

\_\_\_ I agree to all terms and conditions as mentioned.

Date: - \_\_\_\_\_

Place: - \_\_\_\_\_

**Signature of applicant**

\* Issuance of Membership is subject to clearance of the membership fee # Non Refundable

**Office Use:**

Date of Submission: \_\_\_\_\_ Membership Type: \_\_\_\_\_

Mode of Payment: Cheque \_\_\_ Demand Draft \_\_\_ Online Transfer \_\_\_

Payment Details: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

*"No individual shall fail to secure adequate medical care because of the inability to pay for it"*