



AMBIKA MULTI STATE HEALTH SERVICES FOR THE WEAKER SECTION CO-OPERATIVE SOCIETY LTD.,

Reg. No: MSCS/CR/1300/2020 under Govt. of India

TAMIL NADU | KARNATAKA

Sai illam, 2nd floor, 53/2, Baratheeshwarar Colony, 3rd Street, Kodambakkam, Chennai - 600 024.

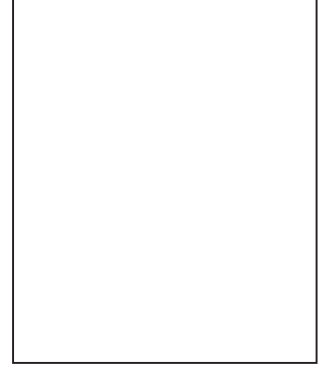
Mob : 90032 33621, E-Mail: ambikamshscsltd@gmail.com, website: www.ambikasociety.com

MEMBERSHIP APPLICATION

To

Chairman,
Ambika Multi State Health Services for the Weaker
Section Co-operative Society Ltd
Chennai - 600 024.

M. No:



Sir,

I request you to admit me as a member of your, society. I furnish the following particulars

1. (a) Name in full: (b) Gender: M / F
2. Father's / Husband's Name:
3. Age:
4. (a) Occupation: (b) Annual Income Rs.
5. Residence Address:
.....
6. Aadhar No: PAN No:
7. Whether an ex-member of the society if so,
(a) Date of admission: (b) Membership No: (c) Share taken:
(d) Date of discontinuance from membership:
(e) Reasons for discontinuance from membership:
8. Number of Shares Required
9. (a) Amount remitted towards share capital entrance fees:
(b) Date of remittance: (c) Mode of remittance:
10. Name of the Nominee: Relationship:

I declare that I am qualified to become a member of the society and I poses all the qualifications prescribed for membership of the society in the Multi State Co-Operative Societies Act & Rules 2002 and the by-laws of the society.

I also declare that the above particulars furnished by me and true to the best of my knowledge and belief

Date:

Name and Signatures of two witnesses with full address.

Signature of the Applicant

1.
2.

Membership No:

Membership No: