TO : J.A.D / S.S ALL ISPW STATION

FROM..... ASSTT. DIRECTOR ( CIPHER)/SECY WELFARE FUND   N. DELHI

| _No.K-11015/RG/2016-WF | 21/05/2019 | UNC |
|---|---|---|

Extra Ordinary General Body meeting of DCPW Welfare fund ( Regd) was held on 8th April 2019 under the Chairmanship of Director D.C.P.W (.) The following decisions were taken in the meeting (.)

i)    Welfare fund should be continued

ii)    Membership for new members may be opened

iii)    Monthly subscription should be raised Rs. 100/- and 200/-respectively.

( SUKH DAS)
ASSTT. DIRECTOR ( CIPHER)
SECRETARY WELFARE FUND (REGD)

NTT :

1. All  J.Ds/D.Ds and A.Ds  of all sections
2. All  Officers/Officials Welfare fund
3. A.D. IT section for upload on DCPW web site
4. Accounts Officer
5 file

# D. C. P. W  Welfare Fund, (Regd.)

Block No. 9, CGO Complex , Lodhi Raod, New Delhi-3.
## Application for Primary membership
(Part of membership register)

To

The President,

D.C.P.W. Welfare Fund

Block No 9, CGO Complex,

Lodhi Road, New Delhi-110003

Sir,

I, the undersigned request to be enrolled as primary member of the DCPW Welfare Fund I have read & understood the Rules of same & shall abide by them in letter & spirit, as framed now or amended herein-after.  I declare that i am/am not a member of any other welfare society. I give below my particulars for register of membership.

Yours faithfully,

Signature...................................

Date.................

Name in block letter.......................................under

## Particulars of the applicant

1. Name of applicant (In block letter) .........................................................................................................

2. Designation ...................................................................................................................................................

3. Name of father /Husband ...........................................................................................................................

4. Date of Birth ................................................................................................................................................

5. Date of Superannuation .............................................................................................................................

6. Full Address (A) Present .............................................................................................................................

                 (B) Permanent ..............................................................................................................

7. Pay (A) Basic .................................................................................................................................................

          (B) D.A ............................................................................................................................................

8. Rate of Monthly Subscription ....................................................................................................................

9. Particulars of Nominees ..............................................................................................................................

                    (A) Name in Block letter ............................................................................................

                    (B) Name of Father, Husband ...................................................................................

                    (c) Occupation ..............................................................................................................

                    (D) Relationship with application ...........................................................................

                    (E) Address ....................................................................................................................

Signature of applicant

## (For Welfare Fund Office use only)

1. Membership of the applicant approved/not  approved Vide resolution No...................Date .................................... by Convenor Committee/Governing Body/General Body.

2. Registration No. ................. Dated. ........................

3. Rate of monthly subscription Rs. ................................

|  | Secretary | Vice President |
|---|---|---|

4.  Membership   terminated  vide resolution   No ............................................. dated ...................................Under clause 6 (        ) of the constitution by ........................................................

5. Details of grants sanctioned:

| Category | Amount | Resolution reference |
|---|---|---|