



The Ambrai Club, Near Ambrai Garden, Sangli, Maharashtra - 416416, India.

APPLICATION FOR MEMBERSHIP (Government Officers)

Name in full (Surname first, Capital letters): _____

Rank / Designation _____

Department _____ Place of Posting _____

Date of Birth Gender: M F Blood Group

Place of Birth _____ Dist. _____ State: _____

Date of Posting in Sangli Dist.

Date of Joining Mobile No.

Affix Passport Size
(35 x 45 mm)
Photograph

ADDRESSES

Office _____

_____ City _____ Contact No.

Residence _____

_____ City _____ Contact No.

Residence (Permanent) _____

_____ City _____ Contact No.

E mail : _____

Marital Status: Married Single

Date of Marriage

SPOUSE DETAILS

Name in full (Surname first, Capital letters): _____

Date of Birth

Blood Group

E mail : _____

Occupation _____ Annual Income: ₹

Affix Passport Size
(35 x 45 mm)
Photograph

Dependents / Children: (Note: Spouse and dependent children will mean legally wedded spouse, unmarried sons & daughters below 25 years. (Proof of age would be required for dependent children).

Affix Passport Size (35 x 45 mm) Photograph			
Name _____	Name _____	Name _____	Name _____
Gender: M <input type="checkbox"/> F <input type="checkbox"/> Age <input type="text"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Age <input type="text"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Age <input type="text"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Age <input type="text"/>
Date of Birth <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/>
Relation <input type="text"/>	Relation <input type="text"/>	Relation <input type="text"/>	Relation <input type="text"/>

Certified that Shri _____ employed in this office as _____
_____ bears good moral Character.

Countersignature of Head of Department : _____ Signature _____
Name & Designation _____

Proposer: _____ M'ship No. _____ Signature _____

Seconder: _____ M'ship No. _____ Signature _____

II UNDERTAKING

(a) I, _____ (Name) do hereby undertake to abide by all the Rules & Regulations of The Ambrai Club.

(b) I also affirm that the information given above is true and correct. If found in-correct, my membership can be terminated.

Date

Signature of Applicant

III FOR CLUB OFFICE USE ONLY

Application received on Date

Payment Details : DD/ Cheque No. _____ Dated

Drawn on - **AMBRAI CLUB, Sangli** Amount ₹

Membership Valid Till Posting in Sangli District

Approved Not Approved

Date:

Membership No.

Signature of Secretary

