BHARATIYA RAILWAY MALL GODAM WORKERS' UNION

(A Nationalist Tread Union) , Reg. No. 29685 , T.U. Act 1926

Regd. Office : Vill + P.O. - Udbadal , P.S. - Bhupathinagar , Dist- Purba Medinipur

PIN - 721425 , Contact Number : 9434402093 / 9220489601

Email : brmgwu@gmail.com Website : www.brmgwu.com

APPLICATION FORM FOR MEMBERSHIP CARD

FORM NO.:

IF PROFILE ID IS NOT AVAILABLE THEN SELECT/GIVE APPROPRIATE CAUSE

1. Already applied: ☐ 2. Not applied: ☐ New applied: ☐ 4. Others: ☐

ZONE : ……..….. Division : ……..……

Membership Date:……. Shed: ……...

Name : …….. Designation:…….....

F/H Name: …… Permanent Address:…….……..

D.O.B. …….. ……..……..

Blood Group: ……. SEX: ……... ……..……..

Category: ……(UR/SC/ST/OBC) ……PIN No ……..…….

Mobile No:…… Aadhar No.:……

Email Id:……... E-Shram Card No: ……..

Education Qualification:

SLNo	Examination Passed	Name of the Board / University	Subject	Year of Passing	% of Marks
1	10th				
2	12th				
3	Graduation				
4	Others / 8th				

Left Thumb Impression	Full Signature	Name of Identifier :…… Contact Number :……..…….. Name of Signatory Leader :…… Form Submission date :……..…… (For office use only)

Declaration of Identifier:

I am_____ Son of/ Daughter of _____ residing at _____ as a member of Bhartiya Railway Mall Godam Workers' Union is hereby declare that, this membership application form collected by me along with the applicants documents and union membership fees. I declared that the details of the applicant is verified by me and true as per my knowledge. I collect this membership application form following the bylaws Bhartiya Railway Mall Godam Workers' Union. I assure that I will submit this application form along with the document and membership fees to my immediate signatory leader within 3 days.

I also declared that, at any time if any complaint raised regarding fraud documents or information about the membership or any complaint regarding collection of mem- bership fees out of union bylaws or any complaint about the past criminal record of the applicant I will be responsible for that.

_____

Declarant signature & Date

Authorised Seal & Signature.