



**ECL OFFICER'S BENEVOLENT FUND**

**NEW MEMBERSHIP CUM NOMINATION FORM**

1. Name of the Member : .....
2. Designation of the Member : .....
3. Unique Man No /EIS No : .....
4. Address of the Member : .....  
.....  
.....
5. Contact No. Of The Member : .....
6. Place of Posting : .....
7. Cheque/Payment Details (For New Members Only\*) : .....
8. A. Name of the Nominee : .....  
B. Relation with the Member : .....
  - i. Contact No : .....
  - ii. Address : .....
9. Any Other Details, If Any : .....

\* New Membership Registration Fees (Please Tick as Applicable):

- A. Less Than 5 Years Of Service (Undergone Since Appointment) **Rs.1220 /-**
- B. More Than Five Years Of Service (Undergone Since Appointment) **Rs. 4310 /-**

Dated : \_\_\_\_\_ Signature : \_\_\_\_\_  
Place : \_\_\_\_\_ Name : \_\_\_\_\_

**For New Members Only**

**(Declaration as mentioned below is required to be signed in addition to the signature above)**

**I Authorize ECL Officer's Benevolent Fund to Deduct the Monthly Subscription from my Salary.**

Date:

Signature: