Recommendation of the Drawing &

Disbursement Officer

**Application for Membership**

**To**

**The Secretary,**

**National Sample Survey Office Employees’ Co-operative Credit Society Ltd.**

**164, G.L.T.Road. Mahalanobis Bhavan. Kolkata-700108**.

(Regulated under the Multi-State Co-operative Societies Act.1984 (**Regd.No.C.R.8 of 2.8.1975**)

Dear Sir/Madam, No………………………..………

I wish to apply for admission as a member of your society. I have carefully read the bye-laws of the Society and do hereby agree to abide by them.

I request that you will allot me\*……………… Share/shares and I hereby agree to accept the same or any smaller number

which you will allot me. I am sending herewith Rupee One for Admission fee I Promise to pay the full amount of share value at the rate of Rs.5.00 per share on allotment and the balance Rs.5.00 as and when called for.

I also wish to nominate and do hereby nominate my (relation)…………………………….Name (in block letters)…………………………

……………………………………………………Age…………………Address(in block letters)…………………………………………………………………………………..…

…………………………………………………………to when the value of the share/shares may be permitted to hold and the profit which may

secure thereon should be paid in the event of my death.

I am employed in the National Statistical Office/N.S.S.O.Employees’ Co-operative Credit Society Ltd. / one year service completed in National Statistical Office as SSS on monthly basis in the pay scale of Rs……………………..for………………Years………….months and at present my basic pay is Rs…………………….Per month. I wish to contribute \*Rs……………………. per month as Thrift fund, till further modification in accordance with the bye-laws of the society. **(Maximum Rs.1000/-, Minimum Rs.200/-)**

Yours faithfully,

Signature in full with date………………………………………………………………………

Name in full (in block letters)………………………………………………………………………………………..

Father’s/Husband’s Name………………………………………………………………………………………

Present address …………………………………………………………………………………………………………………………………………………………..………..

…………………………………………………………………………………………………………………………………………………………………………………………………………...…..

Permanent address…………………………………………………………………………………………………………………………………………………..…………..……..

……………………………………………………………………………………………………………………………………………………………………………………………..………

Emp.Code(If any) ……………………………………………………

**\*Email-ID ……………………………………………………………………………………………………….**

**\*Mobile No. ……………………………………\*Bank Name……………………………… \*SB A/C No.………………. …………………..**

**\*IFSC Code…………………….\*Branch Name……………………… \*Name as per Bank Record………………………………………**

Nationality ……………………………………….whether member of any other credit society yes/No.

Nature of service with date: - Permanent/Quasi permanent/Temporary

Date of appointment………………………………..Designation…………………………………………………

Name of Employer with address………………………………………………………………………………………

Date……………………………………..Place of posting………………………………………………..Date of birth…………………………………………….

**N.B.:- \* marked information mandatory.**

We know…………………………………………………….personally and having regard to the object of the Society and the rights, obligation

and responsibilities of the members we are on opinion that he/she is a fit and suitable candidate for admission as a member of the Society.

1. Full Signature…………………………………………………………………..2.Full Signature……………………………………………………… Designation…………………………………………………………………………Designation………………………………………………………….. Membership regd.no…………………………………………………………Membership regd.no……………………………………………..

Holder of share………………………..Date……………………………….Holder of share……………………………………….Date…………………………….

(For office use)

Name of member…………………………………………………………………Date of allotment……………………………………………………….

Designation………………………………………………………Date of managing Committee Meeting…………………………………………..

No. of share applied for……………………………………….No. of shares allotted…………………………………………………………

Signature of Manager

**N.S.S.O. EMPLOYEES’ CO-OPERATIVE CERDIT SOCIETY LIMITED**

**(Regd.under Multi-state Co-op. Society Act, 1984)**

**Registration No. C.R.-8 of 2.8.1975**

**Mahalanobis Bhavan, 164, Gopal Lal Tagore Rd. Kolkata-700108.**



|  |  |  |  |
| --- | --- | --- | --- |
| 1. | FULL NAME(in block letter) | : |  |
| 2. | DATE OF BIRTH | : |  |
| 3. | DATE OF APPOINTMENT | : |  |
| 4. | DATE OF RETIREMENT | : |  |
| 5. | DESIGNATION | : |  |
| 6. | FATHER’S/HUSBAND’S NAME | : |  |
|  | (in block letter) |  |  |
| 7. | PRESENT ADDRESS | : |  |
|  | (in block letter) |  |  |
| 8. | PERMANENT ADDRESS | : |  |
|  | (in block letter) |  |  |
| 9. | NAME OF NOMINEE | : |  |
|  | (in block letter) |  |  |
| 10. | NOMINEE’S RELATIONSHIP | : |  |
|  | WITH MEMBER (in block letter) |  |  |
| 11. | NOMINEE’S ADDRESS | : |  |
|  | (in block letter) |  |  |
| 12. | EMP.CODE | : |  |
| 13. | EMAIL-ID | : |  |
| 14. | PHONE NO.LANDLINE (OFF/RESI) | | : |
| 15. | MOBILE NO. | : |  |
| 16. | SIGNATURE OR THUMB IMPRESSION: | |  |



**For office use only**

|  |  |  |
| --- | --- | --- |
| 1. | SERIAL NUMBER | : |
| 2. | DATE OF MEMBERSHIP | : |
| 3. | DATE AND REASON OF | : |
|  | CEASSATION OF MEMBERSHIP |  |
| 4. | SHARE REGISTER FOLIO NO. | : |
| 5. | REGISTRATION NUMBER | : |

**N.S.S.O. EMPLOYEES’ CO-OPERATIVE CERDIT SOCIETY LIMITED (Regd.under Multi-state Co-op. Society Act, 1984) Registration No. C.R.-8 of 2.8.1975 Mahalanobis Bhavan, 164, Gopal Lal Tagore Rd. Kolkata-700108.**



To,

The Secretary

NSSO Employees’ Co-operative Credit Society Ltd.

Mahalanobis Bhavan, 164, Gopal Lal Thakur Road

Kolkata-700108.

Dear Sir,

I would like to enroll my name in the proposed scheme of building Welfare Fund organized by NSSO Employees’ Co-operative Credit Society Ltd.

I do declare that I would always comply with the terms and conditions of the scheme as laid down by the Managing Committee/Welfare Committee and /or amended from time to time. My particulars are given below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | Full Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (in block letter) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. | | Registration No. |  |  |  |  |  | 3) Place of posting- | | | | |  |  |  |  |  |  |
|  | 4) Address of Posting place | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5)Date of appointment | |  |  |  |  |  |  | 6) Date of Enrolment in Welfare fund: | | | | | |  |  |  |  |
|  | 7)Address | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | a) | Present |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | b) | Permanent |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | |  | | | |  |  |  |  |  | | |  | |
|  | c) | Phone |  | Office………………………………….Resi…………………………….\*Mobile………………………………….. | | | | | | | | | | | | | | |
|  |  |  |  |  | |  | | | |  |  |  |  |  | | |  | |
|  | d) |  |  | Emp-code…………………………..\*Email-ID……………………………………………………………………… | | | | | | | | | | | | | | |
|  | **N.B.:- \* marked information mandatory.**  **Details of Dependents (including Member himself/herself/Father/Mother)** | | | | | | | | | | | |  |  |  |  |  |  |
|  |  | |  |  |  |  | | |  |  |  |  |  |  | |  |  | |
|  | Name of Dependent | |  |  |  | Relationship | | |  |  | Age | Sex | Occupation | Income | |  | Married | |
|  |  |  |  |  |  | With member | | |  |  |  |  |  | (Yearly) | |  | Yes/No | |
| 1. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Yours faithfully,

(Signature in full with date)

**For office use**

Membership Accepted/Rejected

Remarks if any

Chairman/Secretary

***Print 3 copies only this page***

**LETTER OF AUTHORITY**

To

The Head of Office/Drawing & Disbursing Officer,

National Sample Survey Organization/ Offices under Indian Statistical Services/Subordinate Statistical Services/Any other Ministries or Offices. (Govt. of India/State Government)

**Reg: Authority for recovery of the dues of the National Sample Survey Organisation Employees’ Co-operative Credit Society Ltd. (N.S.S.O. Employees’ Co-operative Credit Society Ltd.) regulated under the Multi-State Co-operative Societies Act. 2002(Registration No CR – 8 of 2nd day of August, 1975) of 164, Gopal Lal Thakur Road, Mahalanobis Bhavan, Kolkata – 700 108.**

**Respected Sir/Madam**

**I would like to inform you that I have already applied for the membership of the N.S.S.O. Employees’ Co-operative Credit Society Ltd. I am a member and have also applied for the loan from the society.**

**I hereby execute this “Letter of Authority” in order to give you irrevocable authority and power to deduct from the amount of my pay bills such amount as may be specified in the statement of claims to be forwarded by the said society to you as being due by me to the society on account of repayment of loan, interest or otherwise and in case of cessation of my membership from the said society in consequence of resignation, retrenchment, death or not being employed in the services of N.S.S.O. or any other above mentioned offices or through whatever causes it may be, the unpaid dues if any, from my salary(s),Gratuity, Central Government Employee Group Insurance Scheme, Leave Salary, Pension relief or any other bills and to remit the same to the said society on my behalf and on my account and at my risk in all respect, without undue delay. You are also authorized to obtain “Demand / No-Demand Certificate” from the said society before making any final payment to me or to my nominee.**

**I agree that this authority shall remain in force until all my dues to the society are fully paid even after my death and I hereby solemnly declare that I shall not revoke or vary the terms of this authority without obtaining before hand the written consent of the said society. I do hereby also declare that after my death my nominee(s) shall remain liable to repay through you all my dues, which may stand against me on the date of my death to the society from the source mentioned in the second paragraph hereof. This authority shall also remain in force even in case of my transfer of posting from one Division to another or one place to another.**

**I relieve you all liabilities whatsoever for acting upon or in pursuance of the statement of claims of the said society even if there may be any error in the statement and I shall look only to the society for any rectification thereof and I shall not involve you for settlement of any account with the said society and that I shall deal directly with the said society in such eventuality**.

Dated: Yours faithfully,

Place of posting:

Address of HO/D.D.O.:

Signature in full with date:

Name in Block Letters:

Designation:

Membership Regd. No:

Employee Code:

AFFIX YOUR RECENT PHOTO HERE

NAME:

(IN BLOCK LETTERS)

REGISTRATION NO:

PERMANENET ADDRESS:

TELEPHONE NO:

1) LAND LINE : OFFICE :

2) MOBILE

RES :

EMAIL.ID:

SIGNATURE IN FULL: