



ALL INDIA GENERAL INSURANCE OBC EMPLOYEES FEDERATION

Reg. No. 111/2015

MEMBERSHIP ENROLMENT FORM

- 1.NAME :
2.NAME OF THE COMPANY :
3.EMPLOYEE NO. :
4.PRESENT CADRE :
5.PLACE OF POSTING BO/DO/RO :
6.OFFICE ADDRESS :
7.LAND LINE NO. :
8.MOBILE NO. / WHATSAPP NO. :
9.E-MAIL ID. :
10.DATE OF BIRTH :

I wish to join as member of ALL INDIA GENERAL INSURANCE OBC EMPLOYEES FEDERATION.

I am remitting the membership fee of Rs.250/-(Rupees Two Hundred and Fifty Only)

Place:

Date:

Members Signature

RECEIPT

Received Rs.250/-(Two Hundred and Fifty Only) from

Mr./Ms. _____ towards membership enrolment fee.

Treasurer.