



CENTRE FOR RESEARCH IN AYURVEDA AND SOCIAL MEDICINE FOR INTERNATIONAL BROTHERHOOD



Application For Membership in Boards, Co-Operatives, Regional Centres of CRASMIB

S.No:-

Name of Board / New Proposed:-.....

Name of Applicant:-.....

Father's Name/Mother's Name:-.....

Full Address:-.....

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Aadhar No.....PAN No.....

Mobile No.....Mail ID.....

Gender.....Occupation

Education and Qualification.....

Employment Details.....

Office Address:-.....

Define Yourself and Your Goal In Life-.....

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Why Do You Want to be a Member-.....

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Extra Curriculum Activities:-

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Terms and Conditions With Rules:-

- ★ The Person Should be above 18 Years old without Criminal Background.
- ★ The Person Should be physically and mentally sound and willing to work for the Organization/ Above Board individually or in Group.
- ★ The members are selected and digitally monitored under the De-centralised-Centralised super monitoring system.
- ★ A member will give his/her the best efforts to accomplish objectives of CRASMIB and task assigned to him or her.
- ★ A member will give written information to the CRASMIB regarding any change in address, place of work or any information for future use.

Sign of Applicant

Declaration:-

I.....Declare that all the information furnished in this form is true to the best of my knowledge and belief. I have read terms and conditions and rules and I shall abide them. I shall work in the interest of CRASMIB. If anything found wrong or misleading, the management of CRASMIB has the rights to take necessary actions against me. By Signing this document, I agree to be part of CRASMIB.

Date.....

Place.....

Sign of Applicant

Sign of Applicant

(Please attach signed photocopy of our ID proof like Aadhar card, PAN Card and employment id)