

# IRCON Employees Co-op Thrift & Credit Society

Regd Office 502 Palika Bhawan, Sector 13, R.K Puram, New Delhi-110 066

## MEMBERSHIP APPLICATION FORM:

From:  
Mr. /Ms \_\_\_\_\_  
IRCON INTERNATIONAL LTD,  
Name of the Project and Address

-----  
Regd No.....

Date:

President/Secretary  
Ircn Employees Cooperative Thrift & Credit Society Ltd  
C/o IRCON

Dear Sir,

Please enroll me as a member of the IRCON Employees Cooperative Thrift and Credit Society Limited.

I am enclosing a cheque/demand draft ( in favour of **Ircn Employees Cooperative Thrift & Credit Society Ltd**, SB A/C No. 040801000010966 ) bearing no.....dated..... for Rs.600.00 towards admission fee and shares as under on.....

Admission Fee	Rs.100.00 (non refundable).
Cost of 5 shares* @ 100 each	Rs.500.00
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Total	Rs.600.00

(\* Max 5 shares at the time of admission)

I hereby authorize my Project Head/Accounts Head/Manager/Acc/HQ-Salary to deduct an amount of Rs.....per month from my salary as Compulsory Deposit every month on **receipt of intimation from Secretary IECTCS enrolling me as a Member of the Society.**(Rs.150 PM for employees Below JE and Equivalent and Rs.300/- for JE and above(at present grade of JE and equivalent is Rs.9300-34800 Gr Pay 4200 in CDA and Rs.10700—21400 in IDA)

I agree to abide by the provision of the bye-laws of the Society. I certify that I am not a member of any other cooperative T/C Society. I also certify that I am a permanent employee of IRCON and the information given in this form is true. I have also clearly understood the provision of loan that will be granted to me after five years of membership or as amended from time to time.

NAME IN BLOCK LETTERS.....

FATHER's NAME.....

DESIGNATION.....

Scale of pay with Basic + DA.....

(Please attach latest Pay slip)

EMPLOYEE CODE NO.....

Date of Birth .....

Date of Appointment in IRCON.....

Your Contact No. ....

SAVING BANK A/C NO

With name and address of Bank.....

(this is required for sending the dividend money, etc..)

PERMANENT RESIDENTIAL ADDRESS.....

(PIN CODE MUST BE MENTIONED)

.....

.....PINCODE.....

I hereby nominate the following persons to whom the amount standing at my credit in the event of my death shall be payable:

S.No	Name of Nominee	Relation ship & Approx. Age	Address	If nominee is minor, date of Birth	%age of amount if there are more than one nominee

Witness:

Signature

Name & Designation

SIGNATURE of Applicant.....

Date:

VERIFIED HE/SHE IS A REGUALR EMPLOYEE OF IRCON. HIS EMPLOYEE  
CODE IS.....

Signature of PROJECT  
Head/ ESTT. with seal

ACCEPTED/REJECTED. BRV NO.....REGD NO.

[SECRETARY / PRESIDENT]

Please send this form through a forwarding letter  
from your Project Office

Please attach your latest pay slip

Please paste your latest photograph



Signature: