## **IRCON Employees Co-op Thrift & Credit Society**

(Regd. Office C /o IRCON INTERNATIONAL LIMITED, C-4, District Centre, Saket, New Delhi-110017)

(Application Fee Rs.200/-)

## **MEMBERSHIP APPLICATION FORM**

	Date
From:	
Mr. /Ms	
IRCON INTERNATIONAL LTD,	
Name of the Project and Address	
,	
	1.11
	In Calley
_	
To,	
President/Secretary	
Ircon Employees Cooperative Thrift 8	& Credit Society LtdC/o
IRCON INTERNATIONAL LIMITED,	C-4, District Centre, Saket,
New Delhi-110017	
	all the second
Dear Sir,	
Bedi Gii,	
Diagon aproll ma as a member of	the IDCON Employees Cooperative Thrift and Credit
	the IRCON Employees Cooperative Thrift and Credit
Society Limited.	
	700/: 1 7 1 0 4 7 1 6
	Rs. 700/- in Ircon EmployeesCooperative Thrift &
	<b>5905001017</b> , IFSC Code: <b>ICIC0004359</b> , ICICI Bank,
Saket Branch, New Delhi with Ref	IDdated
towards application fee and shares a	as under:
Admission Fee	Rs.200.00 (non-refundable)
Cost of 5 shares* @100 each	Rs.500.00
Social of Grands (g) 100 caon	
Total	Rs.700.00 (* Max 5 shares at the time of admission)
Total	Troit of the Control of the time of damission)
I hereby authorize my Project Head/	Accounts Head/Manager/Acc/HQ-Salary to deduct an
amount of rs per month if	om my salary as Compulsory Deposit every month on

I agree to abide by the provision of the bye-laws of the Society. I certify that I amnot 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.

receipt of intimation from Secretary IECTCS enrolling me as a Member of the Society. (Rs.300 PM for employees Below JE and Equivalent and Rs. 600/- for JE and above (at present grade of JE

and equivalent is Rs. 28,000—80,000 in IDA)

NAME IN BLOCK LETTERS	
FATHER's NAME	
DESIGNATION	
Scale of pay with Basic + DA(Please attach latest Pay slip)	
EMPLOYEE CODE NO (NEW)(OLD)	
Date of Birth	
Date of Appointment in IRCON	
Your Contact No.	
Your Email ID	
SAVING BANK A/C NO	
Name of Bank	
Branch Address	
IFSC Code	
PERMANENT RESIDENTIAL ADDRESS(PIN CODE MUST BE MENTIONED)	
PINCC	DE
PRESENT ADDRESS FOR CORRESPONDENCE(PIN CODE MUST BE MENTIONED)	
PINCC	DDE

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

S. No	Name of Nominee	Relationship & Approx.Age	Address	If nominee is minor, date of Birth	%age of amount ifthere are more than one nominee	
Witness: Signature						
VERIFIED HE/SHE IS A REGUALR EMPLOYEE OF IRCON. HIS EMPLOYEE CODE IS						
	Signature of Employee Please Affix your lattest passport size photograph					
Signature of PROJECTHead/ ESTT. with seal					d/ ESTT.	
FOR USE OF SOCIETY						
ACCE	PTED/REJECTED.		ORE0			
[SECR	ETARY / PRESIDE	ENT]				