

DIFFERENTLY ABLED EMPLOYEES FEDERATION OF INDIA



Reg No: EKM / TC 1313 / 2013

Pongalil,N.Mazhuvannoor,Valampur,Ernakulam,Pin- 686 686

(Registered Under The Travancore-Cochin Literary, Scientific & Charitable Societies Act-XII11955)

MEMBERSHIP FORM

Name of the applicant/Unit :

No. of Members (For units) :

Name of the Organization :

Official Address :

Telephone No / Mobile No :

Residential Address (Individual):

Cause of Disability (Individual) :

DECLARATION

I/We have carefully read the Rules and Bye-laws of Differently Abled Employees Federation of India.

I/We shall abide by the Rules and Bye-laws of the federation and decisions taken by the Federation from time to time.

I/We request that I/We may please be enrolled as a member / unit of Differently Abled Employees Federation of India.

Place:

Date:

Signature of the applicant

(FOR OFFICE USE ONLY)

Name :-

Membership No :-

Date of Admission :-

Application for Membership :- Accepted / Rejected

Receipt No. and Date :-

Remarks of the Gen. Secretary:-

President

Gen. Secretary

NB:- The Executive Committee of the Federation reserve the right to reject any application without assigning any reason.