

## ❖ Non Resident Indians' Parents' Organisation

Nriपो – Activities office :

Non Resident Indians' Parents' Organisation  
Flat #6, Phule Chambers, 2<sup>nd</sup> floor  
Near Shivdarshan Chowk, Parvati  
Pune 411009 Phone (020) 24210290  
Office Timing: 10.30 a.m. to 12.30 p.m. (all working days)



Registration No.  
Maharashtra/9965-95- Pune

### Membership Application

Full Name : Shri -----

Full Name : Shrimati -----

I/we wish to enroll as member of the NRI parents' organization, Pune. Necessary Information form is duly filled in. Admission fee plus membership fee total Rs. ---- is paid herewith by cash/cheque no ----- dated ----- drawn on bank - -----

Sign -----

Introduced by : (-----)

Applicant's signature

### For office use only

Membership

Reg.No. -----

Date :-----

Receipt No -----

Date:-----

Group No -----

### Schedule of the Annual Subscription (Financial year - 1<sup>st</sup> Apr to 31<sup>st</sup> March)

Months	FOR COUPLE			FOR SINGLE MEMBER		
	Refundable Deposit	Entrance Fee	Annual Payment	Refundable Deposit	Entrance Fee	Annual Payment
Members joining Between April To September	500	500	1500	500	500	1200
<b>TOTALS</b>	<b>2500</b>			<b>2200</b>		
Members joining Between October To March	500	500	750 + 1500 Next Year Subscription	500	500	600 + 1200 Next Year Subscription
<b>TOTAL</b>	<b>3250</b>			<b>2800</b>		
Life Member		500	10000		500	8000
<b>NRI MEMBERS</b>	<b>Rs. 10000</b>					

\* *Deposit will be refunded to member if he leaves or expire after clearing his dues.*

- Note : Cheque to be drawn payable to "NRI PPARENTS' ORGANISATION" on any local bank
- (The executive committee reserves the right to accept or reject any application )
- **For office use only** : The application form is complete in all respects & recommended for approval

APPROVED

Executive Committee

Date :

**Applicant's Information ( Part I )**

A) **1 :** Full Name of Applicant -----

Date of birth -----

**2:** Full Name of Spouse -----

Date of birth -----

**3:** Full Address -----

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Nearest Land Mark -----

**4:** Telephone Numbers : Landline : -----

Cell No : -----

Email Address -----

B) **1 :** Children/relatives staying with you in India

	Name	Age	Relationship
1)	-----	-----	-----
2)	-----	-----	-----
3)	-----	-----	-----

Children residing separately in India

	Name	Age	Relationship
1)	-----	-----	-----
2)	-----	-----	-----
3)	-----	-----	-----

C) **From this organization what type of assistance is expected by you ?**

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-----  
-----  
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## **Applicant's Personal Information ( Part I)**

Full Name : -----

Tel Nos. -----Membership no:-----

1) Present occupation-----Designation -----

2) Past occupation -----Designation-----

3) Expertise in ----- Hobbies :-----

4) Full information on health status -----

Blood Group ----- Allergies:-----

5) In which Activity or program can you help the organization voluntarily?(tick as many as possible)

1) Office Assistance       2) Administration       3) Planning

4) Finance & Accounts       5) Fund raising       6) Publicity

7) Magazine       8) Entertainment       9) Exhibition

10) Art Circle       11) Hobby Classes       12) Trips & excursion

13) Volunteer Support       14) Group Activities       15)Health Checkup

16) Legal Advice       17) Any other       18)Medical Counselling

19) Will Preparation       20) state/cen gov.Liason

## **Spouse's Personal Information**

Full Name : -----

Tel Nos. -----Membership no:-----

1) Present occupation-----Designation -----

2) Past occupation -----Designation-----

3) Expertise in ----- Hobbies :-----

4) Full information on health status -----

Blood Group ----- Allergies:-----

5) In which Activity or program can you help the organization voluntarily?(tick as many as possible)

1) Office Assistance       2) Administration       3) Planning

4) Finance & Accounts       5) Fund raising       6) Publicity

7) Magazine       8) Entertainment       9) Exhibition

10) Art Circle       11) Hobby Classes       12) Trips & excursion

13) Volunteer Support       14) Group Activities       15)Health Checkup

16) Legal Advice       17) Any other       18)Medical Counseling

19) Will Preparation  20) state/cen gov.Liason

**Part II – Information about children staying abroad**

Parent’s Name : Shri ----- Membership No.-----

Note : 1) Please state main city nearest to the address

2) Please attach separate additional sheet for information if required

<b>I st</b>	<b>Full Name</b>	<b>Education/Employment</b>
Son/Daughter		
Daughter in Law/Son in Law		
Grand Children		
Complete Address with name of the city/state/airport		
Telephone No & Email		
<b>II nd</b>	<b>Full Name</b>	<b>Education/Employment</b>
Son/Daughter		
Daughter in Law/Son in Law		
Grand Children		
Complete Address with name of the city/state/airport		
Telephone No & Email		
<b>IIIrd</b>	<b>Full Name</b>	<b>Education/Employment</b>
Son/Daughter		
Daughter in Law/Son in Law		
Grand Children		
Complete Address with name of the city/state/airport		
Telephone No & Email		