

THE CUTCHI MEMON JAMATH

(Registered UNDER The Societies Act XXI of 1860 Reg. No.129/1956)

No.73, (Old No.24) Chinnathambi Street, Chennai-600 001

E-mail : cmjamath@gmail.com Ph : 044- 2522 0258, 044 2523 0258

ENROLMENT APPLICATION

Date:

1. Name of applicant (in block letters) :
2. Age, date & Place of Birth :
3. Father's name & Place of Birth :
4. Mother's name & Place of Birth :
5. Present Address :
6. Permanent Address(attach proof) :
7. Resident of Chennai Since (attach proof):
8. Occupation :
9. Marital Status :
10. If Married - particulars of Family members:

	Name	Age	Relationship
1			
2			
3			
4			
5			
6			

11. Are you a member of Cutchi Memon Jamath
of any Town/City? : YES/NO
12. If Yes, Name and Place of Jamath and
Membership No :

13. Name and address of the Proposer and
Enrolment No :
(Must be a member of Cutchi Memon Jamath Chennai)

14. Name and address of the Seconder and
Enrolment No :
(Must be a member of Cutchi Memon Jamath Chennai)

DECLARATION

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

I have read and understood the rules and regulation based on the objectives of the Memorandum of Association of the Cutchi Memon Jamath Chennai, and agree to strictly follow the same and be governed by them, if membership is granted to me.

SIGNATURE OF THE APPLICANT

SIGNATURE OF THE PROPOSER

SIGNATURE OF THE SECONDER

FOR OFFICE USE ONLY

1. Application received on.....	APPROVED / REJECTED / DEFERRED
2. Application Checked by.....	Signature of Honorary Secretary
3. Executive Committee Meeting date.....	Enrolment No.....