

APPLICATION FOR MEMBERSHIP IN KSEB EMPLOYEES WELFARE FUND

(To be submitted in triplicate; All entries in Capital letters only)

Name & Address of the Account Rendering Unit to which the Membership Card and other details are to be transmitted				
1.	Name of the Applicant			
2.	Designation			
3.	Office			
4.	Date of Birth		Date of Entry in Service	
5.	Entry Designation			
6.	Marital Status			
7.	Residential Address			
Details of Nominees who is/are to receive benefits in the case of death of the member (Nominee should be immediate legal heir as far as possible; Nomination can be changed by the member specifying proper reason)				
Sl.no.	Name and Residential Address	Relation	Age	Date of Birth

Declaration

I do hereby declare that the details furnished by me above are true. I authorise my head of office to make recoveries towards the fund from my salary or other dues to me. I declare that the K.S.E.B. Employees Welfare Fund regulations as it exists and revised from time to time shall be fully binding on me.

Place :

Date :

Dated Signature of the Employee

Certified that the particulars regarding the employee furnished above have been duly verified and found correct. Also certified that the subscription recovery details attached herewith have been duly verified by me and found correct.

Place :

Date :

Signature of the Head of Account Rendering Unit

NB:- Application is to be submitted along with recovery statement with SDBNos./Receipt number duly bearing the attestation of the head of ARU in all pages. It should also specify the total amount deducted.

For the use of the Office of the Secretary, KSE Board Employees Welfare Fund				
Admitted to the Fund with effect from		Regular subscription started from		Membership Number allotted
Details of Subscription arrears if any to be recovered from the Employee				
Subscription Arrears	Penal Interest	Total amount to be recovered	Period of Arrears	Regular Subscription to be to be continued from

Date:

Secretary, KSE Board Employees Welfare Fund