



DRUG CONTROL OFFICERS(I) WELFARE ASSOCIATION

(Reg. No. 634 of 2022)

Head Quarters : 15-21-150/6, Balaji Nagar, Kukatpally, Hyderabad, India , 500072.

website : www.dcoiwa.com

Email: dcoiwa@gmail.com Ph: 8121296397, 8094357800, 9977177574

Lifetime Membership Form

(NOTE : PLEASE MAKE ALL ENTRIES IN BLOCK LETTERS)

L M Membership No.

NAME

Please Tick as applicable Dr. Mr. Ms. Mrs.

FULL NAME (WILL APPEAR ON ID CARD)

PERMANENT ADDRESS

Area / Locality / Village

Town / City / District

Pin Code

Mobile

E-mail

Please
Affix
Passport
Size
Photograph

OFFICIAL ADDRESS WITH DESIGNATION

Organisation

Address

Pin Code

Date of Birth

Blood Group

Nominee Details

Nominee Name

Phone No.

*Please enclose photocopy of your **Identity Card (old or new)**

DRUG CONTROL OFFICERS (I) WELFARE ASSOCIATION LIFETIME MEMBERSHIP FORM

PAYMENT DETAILS : Enclose Draft/Cheque* in favour of "**DCO I WELFARE ASSOCIATION**"
PAYABLE AT **HYDERABAD**

Please (✓) in the appropriate column

Amount (in words)

Cheque/Draft / Pay order No.

Dated - -

Drawn on (Bank Name)

Branch

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Cheque
<input type="checkbox"/>	Draft / Pay Order

Rs: **1,100 /-**

Bank Details

Account Name : DCO I Welfare Association
 Bank Name : Union Bank of India
 Branch : Balajinagar
 Account Number : 151111010000026
 IFSC Code : UBIN0815110

★Add Rs.: 50/- for outstation cheque.

UNDERTAKING

Certified that the information given in the form are true to the best of my knowledge. I shall abide by all the rules and regulations of the **DRUG CONTROL OFFICERS (I) WELFARE ASSOCIATION**

Place.....

Date - -

Applicant's Signature

MAIL THE APPLICATION FORM

To

BALDEV CHOUDHARY

GEN. SECRETARY

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MEMBERSHIP FEES

Lifetime Membership Fee: 1,100/-

For office use only

Membership No.

Date of Admission - -

DCOIWA Receipt No.

Date of Dispatch - -

Signature
(Treasurer)

Signature
(President)

Signature
(General Secretary)