

# NUCLEAR EMPLOYEES SPORTS AND CULTURAL ORGANISATION

## KALPAKKAM & ANUPURAM - 603 102 & 603 109



### MEMBERSHIP FORM

1. Name of the Member : IC No. / Employee No. :

2. Designation : Level: Unit :

3. Date of Appointment : Section :  
(in Kalpakkam)

4. Contact Information :  
Mobile No. : Email ID :

5. Residential Address :

6. Mode of Subscription : 

Salary	Bank	Direct Payment
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7. Name of the Bank :

8. Account No. :

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9. Family Details (CHSS Medical Card Holders Only)

S.No.	Name (In Capital Letters)	Date of Birth	Relationship	Blood Group

I hereby authorize NESCO authorities to instruct Accounts officer, MAPS / BHAVINI (or) Bank authorities for recovering my Subscription monthly / yearly until further instructions from me.

Date :

Signature of the Member

(For Office Use)

Included in the recovery statement:

Entered in the Membership Register :

Treasurer

General Secretary