



All MINORITY ST SC OBC BOARD, INDIA

Recognized by: Government of India

Application Form

BOOK NO. - 04
REGN NO. - 772

To be filled by the applicant

Please read the discharge, release and indemnity and guidelines before filling up the form

Photograph of
the Candidate
with signature.

Personal Information:

Name: _____
(Last Name First Name Middle Name)

Father's/Mother's/Husband' Name: _____

Birth Date : Day: ___ Month: ___ Year : ___ Sex: _____ Blood Group: _____

Address: _____

City : _____ State : _____ Country _____

Postal Code: _____

Telephone : Res(with std code) : _____ Mobile : _____

Office (with std code) : _____

E- mail : _____ PAN Card No:- _____

Qualification : _____ Profession : _____

Nationality : _____

Attached Document's copies:

1. Passport / Ration Card/Driver's License/ Telephone Bill/Election Card for address proof /Adhaar Card
2. No Criminal Record Certificate
3. PAN Card
4. Two Passport size Photograph with signature on the back of second photo.

Registration/Membership Fee:

1. DD of District President Rs. 5000/-
2. DD of other Member. Rs.1000/-
3. State Executive Membership of Rs. 10,000/- for Institutional Head Membership donation.
4. DD should be in nature/ Favor of All Minority ST SC OBC Board India, Arunachal Pradesh/ Guwahati/New Delhi. Ones paid all membership fee and any kind or cash will not returnable.
5. All Fees should be deposit only on AMSSOB Account.
6. A/c Details : 3435101004716, IFSC Code No. CNRB0003435.

Has the candidate previously been the member of the AMSSOB?

Yes No

Is the candidate Previously been the member of the AMSSOB ?

Yes No

Has the candidate been involved with any social activities in the past?

Yes No

Preferences of the candidate for the kind of work he/she would like to get involved in AMSSOB :

1.



Deed Of Discharge, Release and Indemnity:

- 1) **The member agrees to abide by the rules of All Minority ST SC OBC Board India (AMSSOB) at all times**
- 2) **Release and Discharge :**
The member release, discharges , waives and forever hold AMSSOB harmless from all claims or for any loss sustained by the member whether caused by AMSSOB negligent act or omission , breach of contract, breach of statutory duty or otherwise in connection with AMSSOB.
- 3) **Indemnity :**
The member indemnifies AMSSOB against all against all claims for any loss sustained by the member whether caused by AMSSOB negligent act willful act or omission, breach of statutory duty or otherwise in connection with AMSSOB.
- 4) **Warranty as Age :**
Personally executing this deed, the candidate warrants that he/she is at least of 18 years above of age for youth cell.
- 5) **Bar to Action :**
The candidate agrees that this deed may be pleaded as a bar to any action, suit or proceedings taken at any time by the candidate against AMSSOB arising out of as a consequence of AMSSOB or any incidental activities.
- 6) **Confidentiality :**
The candidate must keep the terms of this deed strictly confidential and no disclosures of the terms of this deed is to be made by the candidate other than for the purpose of obtaining legal advice.
- 7) **Definitions :**
In this deed unless inconsistent with the context and subject matter " All claims" means all claims, actions, suit, demands, damages, interest, and costs arising out of or as a consequence of AMSSOB including any incidental activity. "Any loss" means any loss, damage or injury to person (including candidate) or property included but not limited to any.
- 8) Any Govt./agency/individual fund the sharing 60-40%, i.e., central office -60% percent and each state 40% or as per the term condition during of implementations by the central office.
- 9) **Signatures :**
Signatures executed as a deed.

I _____ wish to become a member of AMSSOB. I understand that the process requires my application to be approved by the board of members of AMSSOB.

" I hereby solemnly and sincerely affirm that the information along with the documents furnished by me in the application form is true and correct. I have not concealed any information. However if any information furnished here in is fraudulent, Incorrect or untrue, I understand that I am liable to criminal prosecution and I also agree to forego my membership of All Minority ST SC OBC Board India (AMSSOB). Further that the membership of AMSSOB is liable to be cancelled. I have read the deed of discharge, release and agree to abide by it".

Place: _____

Date: _____

Signature of the candidate

Signature of the Candidate



To be filled by the witness

Witness Name: _____

Address: _____

Phone : _____ **Profession :** _____

I, Mr/ Mrs/Miss _____ Know the applicant personally for
a period of years months and confirm that the best of my Knowledge,
He/she is suitable for the membership.

Place : _____

Date : _____

Signature of the witness

For Office use only (District/State/National Body Office of AMSSOB or Any Cell of AMSSOB)

This is to confirm that the information given by the candidate in the application has been checked for
been checked for validity and that the document enclosed have been verified . The candidate is found
suitable for the membership of AMSSOB.

Signature of the _____ (Designation)
Body-Office at District/State/Nation _____
OR _____ Cell at District/State/Nation _____

AMSSOB

For Office use Only (International Body Office of AMSSOB)

- The candidate is found eligible for the membership of AMSSOB and is nominated as
the _____ place, _____ country.
- OR
- The candidate's application has been reject.

**National Chairman
AMSSOB India**

Place : _____

Date : _____

**Secretary General
AMSSOB India**

Membership No: _____



Guidelines For Filling The Application :

1. Fill out the application form correctly and completely. Place an **X/√** in appropriate box.
Use only ball pen for signature.
2. Two identical copies of passport size recently taken ID photographs with signature on the back of 2nd photo are necessary.
3. Name and Address should be written in capital letters only.
4. Application and Related Material should be posted to the following address given below:
ALL MINORITY ST SC OBC BOARD INDIA , HO: House No: 87-C, Third floor Gali No, 4, Krishna Nagar, Safdarjung enclave, New Delhi -110029, (B) Regional Office: Chandra Nagar, Combine office of Arunachal community College, Itanagar District Papumpare, Arunachal Pradesh,
5. To be effective as a deed , candidate's execution of this document must be signed in the Presence Of a witness who must sign in the place provided.
6. For any enquiries regarding membership issues, e- mail at **dada.demo34@gmail.com** _or
call us 0360-2291932, 2292037.