

# AMBATTUR NAIR SEVA SAMAJAM(REGD.)

North Madras (Working Area – Avadi – Ambattur)

ANSS Building, No.3 1/3, Sakunthala Ammal Main Road, Shobha Nagar, Ambattur – 53.

E-mail: [anss1981@gmail.com](mailto:anss1981@gmail.com)

Telephone: 9444399711

## APPLICATION FOR MEMBERSHIP

Full Name with Community Title \_\_\_\_\_

Name of Father with Community Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: Single/Married \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Children (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Name of *Kudumbam* \_\_\_\_\_

Permanent Address in Kerala or other place \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Whether employed or self-employed: \_\_\_\_\_

Designation: \_\_\_\_\_

Office Address: \_\_\_\_\_

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Educational/Technical Qualifications \_\_\_\_\_

Hobbies \_\_\_\_\_

Are you a member of any Nair organisation? \_\_\_\_\_

If yes, Name of the Nair organization and address \_\_\_\_\_

In which field you wish to serve the ANSS \_\_\_\_\_

Telephone No. with Country/City code \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Other details: \_\_\_\_\_

One reference with full contact details like telephone/mobile/e-mail ID etc.

(From an existing member):

1.

Details of Membership Fee enclosed:-

Cheque/DD No.....dt.....for Rs.....Bank .....

## **DECLARATION**

I/We hereby declare that the particulars given above are true and correct to the best of my/our knowledge. I /We further agree to abide by the constitution and bye laws of AMBATTUR NAIR SAMAJAM and is/are very much supportive with the ideas of the AMBATTUR NAIR SEVA SAMAJAM.

Place:

Date: \_\_\_\_\_ Signature of the Applicant/Applicants with official Seal.

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### FOR OFFICE USE

Application with Membership Fee Rs.....received on.....by cash/DD/Cheque No  
.....dt.....Bank.....

Signature of the Treasurer.....

Submitted to membership committee: Date\_\_\_\_\_

Committee decision received: -Date\_\_\_\_\_ Approved/Disapproved\_\_\_\_\_

Reason for rejection\_\_\_\_\_

### **Admitted to membership:**

Date: \_\_\_\_\_ Membership No Allotted: \_\_\_\_\_