



ANTI-CORRUPTION

CRIME CONTROL SAMITI (REGD.)

National Office : 124, EWS Flats (DDA), Pkt - C-2, Sector - 5, Rohini, Delhi - 110085

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MEMBERSHIP APPLICATION FORM

<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;"> Paste Passport Size Self attested photo </div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto;"></div> <p style="text-align: center; margin-top: 5px;">APPLICANT'S SIGN</p>	Branch <input style="width: 100px;" type="text"/>	Card No. <input style="width: 100px;" type="text"/>	
	Physical <input style="width: 40px;" type="text"/> Height <input style="width: 40px;" type="text"/> Eye's Color <input style="width: 40px;" type="text"/> Hair Color <input style="width: 40px;" type="text"/>		
	Identification Mark	<input style="width: 100%; height: 20px;" type="text"/>	
	Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	
	Criminal Record <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, Please Give details on Separate Sheet)	
Applicant's Name	<input style="width: 100%; height: 20px;" type="text"/>		
Father's Name	<input style="width: 100%; height: 20px;" type="text"/>		
Date of Birth	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile No.	<input style="width: 100px;" type="text"/>	Landline <input style="width: 100px;" type="text"/>	
Email ID	<input style="width: 100%; height: 20px;" type="text"/>		
Educational Details	<input style="width: 100%; height: 20px;" type="text"/>		
Views Regarding Social Work	<input style="width: 100%; height: 20px;" type="text"/>		
How do you wish to do Social Service	<input type="checkbox"/> By Money <input type="checkbox"/> By Time <input type="checkbox"/> By Other Means		

DECLARATION

I am fully Responsible for the veracity of the information given by me. If the Information given by me is found at any time to be incorrect, my membership shall stand automatically terminated.

I Have read the constitution of CRIME CONTROL SAMITI and Shall abide by it.

I agree that National President may cancel my membership without assigning any reason therefore and I further agree that this shall not challenged by me in any court of law. I accept that this membership is for the purpose of lawfull completion of social service aims.

Signature of Two Prominent Persons of your locality with Name, Address and Sign

Applicant's Signature

Witness 1

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Witness 2

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Note : If the aim of social service is political / commercial, please don't apply for membership.

OATH

I do hereby swear in the name of god and in the presence of all heretofore that I shall fulfill the aims & objects of CRIME CONTROL SAMITI. I shall lead such a life which will become an example for my countrymen.

I also declare solemnly that I shall not use my membership for my own benefit in any illegal way and I shall neither take any membership nor support of any Crime Prevention Organizations.

Dated

President

Applicant's Signature