



**INDIAN RED CROSS SOCIETY**

**District Branch Singrauli (M.P.)**

**Red Cross Blood Bank, NTPC Hospital Vindhyanagar- 486885**

**Membership Application Form**

Date.....



**Type of membership desired   Patron   /   Life   /   Annual   /   Youth**  
**Subscription:   Rs 25000   /   Rs.1000   /   Rs.100/yr   /   Rs.50/yr**  
**Required Age:   Above 30 yrs/Above 30 years/   Above 30 years/18 to 30 years**

- 1) Name of Applicant .....
- 2) Father's Name: .....
- 3) Date of Birth.....Blood Group.....
- 4) Occupation: .....
- 5) Address:- Present:-.....  
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.....
- Permanent :-.....  
.....
- 6) Adhaar Number: .....Mobile Number.....
- 7) Mail ID.....

8) Have you ever donated Blood if yes, date of last donation.....

9) Brief family background:-.....

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10) Mention extra Curricular activity and social work performed if any:-.....

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11) Have you ever been charged for Criminal Activity? **Yes / No**

12) Are you prepared to donate Blood Annually and as and when demanded by the Red Cross Society. **Yes / No.**

If NO reason there of; .....

Signature of Applicant

**Declaration:** " I hereby affirm that the above information furnished by me is true & correct to the best of my knowledge. I undertake that if at any stage, it is found that the information furnished by me is false or if I violate the terms and conditions of the membership sanctioned to me it may be cancelled. I abide to follow the rules and regulations of IRCS Singrauli. The IRCS Singrauli reserves the right of acceptances & cancellation of membership without assigning any reason".

Date:

Signature of Applicant

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**For Office Use Only**

Membership of above has been approved by the Membership Committee on  
Dated..... and Fee of Rs..... has been deposited  
by him on dated.....Vide Receipt No.....

Date:

**SECRETARY**