MEMBERSHIP CUM NOMINATION FORM

Bhadratha 90503 **Employee ID** 2509125 Number Date of Birth 15-Aug-1975 Name **NELAVELLI SREE RAMA MURTHY Date of Appointment** 01-Sep-1999 S\0 **PERAIAH** Gender Male Designation PC **Marital Status** Married Unit **Hyderabad City** 9440252340 Contact No. Permanent 11-129,NEAR CHINNABAVI, **Employee's Photo Address** GURAZALA, GUNTUR, Guntur, Andhra Dradoch 522415

I **NELAVELLI SREE RAMA MURTHY** Authorise the Police Department to recover enrolment fee and Monthly Subscription from my salary till i cease to be an employee of the Police Department and top credit the same to BHADRATHA, to my account, as per the bye-laws and rules there under.

I do hereby nominate the here under person/s of my FAMILY to receive the benifits admissible as per Bye_Laws in the event of my death.

Nominee's Particulars:

Name	SAILAJA
Relationship	Wife
Date of Birth	01-Sep-1980
Percentage	100
Guardian's Name	
(Guardian's name required if nominee is a minor)	

I declare That the claim of any Person Other Than The Nominees shall Not Be Entertained Under any circumstances.

WITNESS:

Signature	:	Signature of The Member
Name	:	Verified The Above Particulars With the records And found to Be Correct. Forwarded To The Secretary, Bhadratha
Designation	:	
Unit	:	
Date	:	Signature of The Unit Officer With Seal And Date