**SHUSHRUSHA CITIZENS’ CO-OPERATIVE HOSPITAL LTD.**

698-B, Ranade Road, Dadar, Mumbai – 400 028.

**S** Registration Under Maharashtra Co-operative Society Act. 1960

REGD NO. BOM-GNL-114 OF 1964.

To,

Shushrusha Citizens’ Co-operative Hospoital Ltd.

698-B, Ranade Road, Dadar, Mumbai – 400 028.

**Application Form for Membership and Shares**

Sir / Madam,

I Shri / Smt / Mrs / Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned hereby request you to admit me as a member of your society. Please allot me 100 shares.

I am sending herewith a sum of Rs. 10200/-(Ten Thousand Two Hundred Only) being Rs. 10000/- as a value of 100 shares, Rs.100/- as the cost of Family ID - card and Rs. 100/- as entrance fee.

I here gone through the Bye lows of your society and undertake to abide by them as they stand or as they might stand with modifications which may be made from time to time.

**Particulars to be filled in by applicant in Block Letters.**

Name in full (Surname First):-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Suburb:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code No:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No. (Mobile):- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No. (Resi.):- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No. (Mobile):- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATION ( To be filled in by the applicant)**

As per the requirement of the Maharashtra Co-operative Societies Act. 1960 section 30 (1) and The Maharashtra Co-operative Societies rules. 1961 – Rule No 24. I hereby nominate Shri / Smt / Mrs / Miss (Name and Address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aged \_\_\_\_\_\_\_\_\_\_ years having relation with applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a nominee beneficiary.

**FAMILY IDENTITY CARD**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Date of Birth** |
| 1. Member   Applicant |  |  |
| 1. Spouse |  |  |
| Children  Upto 21 years |  |  |
| 3.1 |  |  |
| 3.2 |  |  |

Place: Mumbai Yours faithfully

Dated:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature of applicant)**

**Particulars to be filled in by the office**

Temporary Receipt No:- Dated:-

Accepted as member unanimously / by a majority votes at the meeting of the share application Scrutiny Committee held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please allot **100** shares.

**Note:- Please download and fill this form properly and send it to** [**member@shushrushahospital.org**](mailto:member@shushrushahospital.org) **.**

**For Payment RTGS details are given below.**

|  |  |  |
| --- | --- | --- |
| 1 | **Company’s Name** | SHUSHRUSHA CITIZENS’CO-OP.HOSPITAL LTD. |
| 2 | **Company’s Address** | 698-B,RANADE ROAD, DADAR, MUMBAI-400028 |
| 3 | **Name of contact person** | MRS.VARSHA D.KULKARNI |
| 4 | **E-mail ID** | shushrushaaccounts@gmail.com |
| 5 | **Office Contact Nos./Mobile No.** | 24475066/24475063/67 |
| 6 | **Beneficiary’s Name** | SHUSHRUSHA CITIZENS’CO-OP.HOSPITAL LTD. |
| 7 | **Name of the bank**  **(to which payment should be sent)** | THE SARASWAT CO-OPERATIVE BANK LTD. |
| 8 | **Branch Name** | PRABHADEVI BRANCH |
| 9 | **Address of the branch** | URVASHI, OPP.RAVINDRA NATYA MANDIR,  PRABHADEVI, MUMBAI-400025 |
| 10 | **STD Code and telephone no.** | 24223780/2224228328 |
| 11 | **Branch Code** | 000022 |
| 12 | **9 digit code no. of bank & branch as appearing on the MICR Cheque** | 400088024 |
| 13 | **Bank account no. (as appearing on**  **the cheque book)** | 022100101002298 |
| 14 | **Account Type (SB/CC/CA)** | C.A. |
| 15 | **Branch IFSC code (applicable only for RTGS/NEFT payments)** | SRCB0000022 |
| 16 | **Address of Beneficiary** | 698-B,RANADE ROAD, DADAR, MUMBAI-400028 |
| 17 | **Name of the contact person & Email ID : (it is compulsory send on both email id )** | MRS.VARSHA D.KULKARNI / MRS. JAYA DALVI.  [shushrushaaccounts@gmail.com](mailto:shushrushaaccounts@gmail.com), [member@shushrushahospital.org](mailto:member@shushrushahospital.org) |
| 18 | **PAN NO.** | AAATS0257K |
| **Note: Please mention the name of person, place of transfer in the transfer detail** | | |