



# SIDHHIKSHA OPRATIVE NIDHI LIMITED

Application No. :

DATE OF INCORPORATION 04/03/2020  
CIN : U65990MH2020PLN338564  
Approved By Government of India

Regd. Office : A 3/005 Manas Hill, Opp. Tata Housing Society, Khatiwali, Vashind (W), Thane, Maharashtra, India, 421601  
Tel.: 9757313168 • Email : siddhikshaoprative.response@gmail.com

## Membership Application Form

I, ..... want to become a member of SIDHHIKSHA OPRATIVE NIDHI LIMITED with the payment of subscription amount. I will abide by all the existing rules, regulations, sub-rules, any amendment, modification or additions done by the Company from time to time as per Section-406 of Companies Act, 2013 and Nidhi Rule, 2014, after acceptance of application with reference to share applied for.

### My Details as below :

Name			
S/o/Do/W/o			
Date of Birth	or Age	PAN (*)	
जन्म तिथि	उम्र	पैन नं.	
Number of share applied	Share Application Amount		
आवेदित अंशों की संख्या	आवेदित अंशों का मूल्य		
Sex	Educational Qualification		
लिंग	शैक्षिक योग्यता		
Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Below matric <input type="checkbox"/> Matric/10+2 <input type="checkbox"/> Graduation/PG <input type="checkbox"/> Professional <input type="checkbox"/>		
Religion	Category		
जति	वर्ग		
Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Jain <input type="checkbox"/> Other <input type="checkbox"/>	General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/>		
Occupation	Aadhaar No.		
व्यवसाय	आधार नं.		
Service <input type="checkbox"/> Farming <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Profession <input type="checkbox"/> Housewife <input type="checkbox"/> Others <input type="checkbox"/>			
Permanent Address			
स्थायी पता			
District		Pincode	
जिला		पिन कोड	
State	Mobile No.+91		
राज्य	मोबाइल नं.		
Present Address			
वर्तमान पता			
District		Pincode	
जिला		पिन कोड	
State	Mobile No.+91		
राज्य	मोबाइल नं.		
Nominee : Mr./Mrs./Miss.			
नोमिनी का नाम			
Relationship	Date of Birth		or Age
सम्बन्ध	जन्म तिथि		उम्र
Address			
पता			

### Declaration:

I declare that, I am of sound mind, not-lunatic, above 18 years of age and a resident / non resident of India. The declaration is made by me is correct and I have been explained everything related to the membership in the language known to me.

Signature of Applicant

### OFFICE USE

After review by the Membership committee/Authorized Officer of SIDHHIKSHA OPRATIVE NIDHI LIMITED, the above application is accepted/rejected.

Number of share allotted		
Distinctive no. of Share		to
Date		

Office Stamp & Signature of Authorized Officer

Name-

\*\*\*PAN & Mobile Number is must