

CK Adiithya Layout Residents Association

Registration No. DRB3/SOR/495/2025-2026

Email - ckadiithyalayout@gmail.com

M: +91 - 9686847093

web - www.ckadiithya.com/



Darpan ID: KA/2025/0888445 ,

ESIC No.: 50000883690001099

Labour Identification Number (LIN): 2-3519-7167-8

LETTER-CUM-NOTICE FOR MEMBERSHIP & BANK ACCOUNT DETAILS

Date: 20-Nov-2025

To,

All Residents of CK Adiithya Layout

Bengaluru – 562106

Subject: Membership Registration & Bank Account Details of CKALRA

Dear Residents,

We are pleased to inform you that CK Adiithya Layout Residents Association (CKALRA) has been officially registered under the Karnataka Societies Registration Act, 1960. Residents are hereby invited to register themselves as **official members of CKALRA**. Membership of the Association ensures your participation in community decisions, voting rights, receiving official updates, and involvement in welfare initiatives of the layout.

1. Association Registration Credentials

- **Association Name:** CK Adiithya Layout Residents Association (CKALRA)
- **Registration Number:** DRB3/SOR/495/2025-2026
- **Darpan ID:** KA/2025/0888445
- **Labour Identification Number (LIN):** 2-3519-7167-8
- **ESIC Registration Number:** 50000883690001099

These details certify the legal and operational status of our Association for all official, financial, and statutory requirements.

2. Bank Account Details for Membership Fee

Residents may kindly remit the applicable **membership fee** to the official Association bank account mentioned below:

Bank Name : Bank of Maharashtra

Branch : Anekal

Account Name: CK Adiithya Layout Residents Association (CKALRA)

Account Number : 60556257560

IFSC Code: MAHB0001690



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After payment, residents are requested to share the payment acknowledgment along with their Name, Address, Mobile Number, and Email ID for issuance of the **Official Membership Certificate** TO GIVEN EMAIL ID – ckadiithyalayout@gmail.com & WHATAPP NUMBER - +91 - 9686847093 .

3. Mandatory Communication and Records

All circulars, notices, meeting updates, and resolutions will be shared through the official Association communication channel. All meetings held by the Association will be **video recorded for transparency**, and the recordings or minutes will be circulated among all members for future reference.

4. Request to All Residents

You are kindly requested to complete your membership registration at the earliest to ensure your inclusion in upcoming meetings, elections, and community development activities.

Your cooperation is highly appreciated in building a well-organized, transparent, and progressive community.

For CK Adiithya Layout Residents Association (CKALRA)

**For CK Adiithya Layout Residents
Association**

President

Name: Amitesh Raikwar

**For CK Adiithya Layout Residents
Association**

Srihari Sankar Sahu
Secretary

Secretary

Name: Srihari Sankar Sahu



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CK Adiithya Layout Residents Association (CKALRA)
Membership Application Form

1. Applicant Details (Owner / Resident)

Full Name of Applicant: _____

Father's / Husband's Name: _____

Gender: Male Female Other

Date of Birth: ____ / ____ / ____

Mobile Number: _____

Email ID: _____

2. Property Details

Property ID (Site No. / Khata No. / Property Number): _____

Complete Address of Property in CK Adiithya Layout:

Type of Occupancy:

Owner Tenant (Attach NOC from Owner)

If Tenant – Owner's Name: _____

Owner's Contact Number: _____

3. Identity & Address Proof

(Attach photocopies of any one)

ID Proof Submitted:

Aadhaar Card PAN Card Voter ID Passport

Address Proof Submitted:

Aadhaar Card Electricity Bill Sale Deed Rental Agreement Khata Extract

4. Membership Fee Payment Details

Membership Fee Amount: ₹ _____

Mode of Payment:

UPI Bank Transfer Cash Cheque (Cheque No. _____)

Transaction Reference / UPI ID: _____

Date of Payment: ____ / ____ / ____



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Association Bank Account Details:

Bank: Bank of Maharashtra

Branch: Anekal

Account Name: CK Adiithya Layout Residents Association (CKALRA)

Account Number: 60556257560

IFSC: MAHB0001690

5. Declaration by Applicant

I, _____, hereby apply for Membership of the **CK Adiithya Layout Residents Association (CKALRA)**.

I declare that:

1. All information provided above is true and correct to the best of my knowledge.
2. I agree to follow the rules, guidelines, and by-laws of the Association.
3. I will participate in community development activities and support the Association's objectives.
4. I understand that any false information may lead to cancellation of membership.

Signature of Applicant: _____

Date: ____ / ____ / ____

For Office Use Only (CKALRA)

Membership Application No.: _____

Date Received: ____ / ____ / ____

Documents Verified By: _____

Membership Approved: Yes No

Membership ID Issued: _____

President's Signature: _____

Secretary's Signature: _____

(Association Seal)

