This is to state that I, …………………………….....bearing EID No……………………. working under………………………..(Division) have voluntarily joined as a member of the Women’s Association of NLC w.e.f. the launch date of the association.

I pledge to abide by the terms and conditions of the association.

Place:

Date: Signature

Verified by the President:

Date:

Name:

Signature:

Official Seal

1. **Information about the member**
* Full Name: EID No:
* Position Title & Level: CID No:
* Division:
* E-mail id: Contact #:
1. **Information about the direct dependent(s):**

Direct dependents comprise of one’s own biological parents, a spouse, and child(ren), including legally adopted, if the member does not have biological child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. #** | **Name** | **CID Number** | **D.O.B** | **Relationship** |
| **1** |   |   |   |   |
| **2** |   |   |   |   |
| **3** |   |   |   |   |
| **4** |   |   |   |   |
| **5** |   |   |   |   |

 *(Dependent in sl.# 1 is the primary nominee)*

(Add rows if required)

1. **Undertaking:**

I hereby do confirm that the above lists of nominees are my authentic dependents.

Place:

 (Legal Stamp)

Date: Signature