

# KERALA GOVT. COLLEGE TEACHER'S MUTUAL BENEFIT TRUST

## APPLICATION FOR MEMBERSHIP

1. NAME OF APPLICANT :  
(IN BLOCK LETTERS)
2. PRESENT ADDRESS(OFFICIAL) :
3. PERMANENT ADDRESS :
4. DATE OF BIRTH :
5. NAME AND ADDRESS :  
OF THE NOMINEE

### DECLARATION

I.....do hereby declare that the particulars given above are true and that I shall abide by the rules and regulations of the Kerala Govt. College Teacher's Mutual Benefit Trust.

Date

Signature

Place

Name

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Forwarded

Secretary, A.K.G.C.T. ....unit

Signature

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1. Date of admission

2. Membership Number