

**FORM - II**  
**Vide Rule No.9(1)**

FORM OF APPLICATION BY THE MEMBER FOR ADMISSION AS  
SUBSCRIBER UNDER HANDLOOM WEAVERS CONTRIBUTORY THRIFT  
FUND SCHEME.

1. Membership No. and Name
2. Father's /Husband's Name
3. Full address
4. Date of Birth and age
5. Date of admission as member of the  
Society/affiliation to the corporation.
6. Share capital amount to the credit  
of the member.
7. State whether you have any serious illness  
or contagious disease at present or at any time in your  
life and if so furnish details.

PLACE:

DATE:

Signature of Member

**DECLARATION**

I, \_\_\_\_\_ the undersigned do hereby  
declare that:

1. that entries in the application FORM are correct to the best of my knowledge.
2. I accept the rules of the scheme and agree to abide by them.
3. I have made a nomination in the prescribed form.
4. I am able and healthy and I nor my parents or any other family members have  
or had at any time any contagious diseases.

PLACE:

DATE;

Signature of the Member