

NAVAL OFFICERS' INSTITUTE , KOCHI
APPLICATION FOR MEMBERSHIP (RE-ADMISSION)
ASSOCIATE MEMBER (CIVILIAN)
BIO-DATA AND PARTICULARS

1. NAME IN FULL :
2. CURRENT MEMBERSHIP NO. :
3. AGE & DATE OF BIRTH :
4. EDUCATIONAL QUALIFICATION :
5. PROFESSIONAL QUALIFICATION :
6. PRESENT OCCUPATION :
7. DESIGNATION :
8. OFFICE ADDRESS : TEL NO :
9. PRESENT ADDRESS : TEL NO :

10. PARTICULARS OF FAMILY

(A) WIFE

NAME

QUALIFICATION

PROFESSION

(B) DEPENDENT CHILDREN

1

2

NAME

AGE

QUALIFICATION

WHETHER RESIDING
WITH THE MEMBER

11. E-Mail Address

II
UNDERTAKING

12. I understand that the membership granted to me is for a period of one year, wefon temporary basis and re-admission shall be at the sole discretion of the NOI management and I shall abide by their final decision. I also understand that I shall have no claims or rights for continued membership on expiry of the specified term of membership or shifting of my residence out of Kochi during the period of my membership.

Date:

Signature

III
APPROVED / NOT APPROVED

Hon. Secretary

Chairman