

Allotted Membership No.

_{IHRC} इंडो मानवाधिकार संरक्षण

INDO HUMAN RIGHTS CARE

To Protect & Promote Human Rights for Needy & Poor People

REGISTERED BY GOVERNMENT OF NCT NEW DELHI, INDIA

Registered by NITI AAYOG Government of India Unique ID AP/2022/0331885

Govt. of India Corporate Social Responsibility CSR-1, 12A & 80G ISO 9001-2015 Certified Organization, Co-Operated by UNO, London, UK.

Reg. Off: 6/7, ARAM Park, Delhi - 110051

Admn. Off # 11-240/1, Krishna Nagar, Durga Nagar Post, Naidu Thota, Pendurthi (Mdl.), Visakhapatnam - 530 029. A.P., India

Read. No. 5770 /2022 **Under Indian Trust Act 1882** MEMBERSHIP FORM Please read "Instructions' Carefully and fill the application (Use Capital Letters only) NAME S/o.W/o.Mrs.Mr. **ADDRESS** POLICE PIN CODE MOBILE NO STATION DATE OF PHONE AADHAR NO. BIRTH NO **EDUCATION** BLOOD OCCUPATION QUALIFICATION GROUP VEHICLE E-MAIL ID REGN.NO. PAN NO. **FAMILY MEMBERS DETAILS:** Submission of PAN number is must for tax exemption under 12AA & 80G S.No. NAME AGE **RELATION WITH MEMBER** DATE APPLICANT'S SIGNATURE RECOMMENDED RECOMMENDED BY NAME, DESIG POST & SIGNATURE PAYMENT DETAILS VERIFIED BY

HEAD OFFICE USE

Date

Receipt No.

Amount (Rs.) Membership Period

Signature of Office Inshcare

UNDER TAKING TO BE SIGNED BY THE MEMBER

Respected Sir,

I......the Undersigned Active Member Pledge to abide by the Rules & Regulstaions and duties and Responsibilition of INDO Human Rights Care, and adhere that.......

- 1. I shall not violate any Rules and Regualtions and dispcipline of our esteemed Organisation.
- 2. I shall not do any changes to organization's logo format.
- 3. I shall not misuse the identity card and my respected post bestowed to me.
- 4. I affirm that if norms are infringed by me, shall be solely responsible for any legal proceedings towards me, and my Identity Card along with my post will stand terminated by the organisation and the respected Organisation's decision will prevail on me.
- 5. I will surrender my idnetity card to the Head Office, after its expiry.
- 6. In case of any change in my address. I am liable to inform the same to Head office.
- In case of loss of the identity Card it is my responsibility to inform to the Head Office in writing, as well as to my Nearst Police station.
- 8. I agree that, strict action will be taken against the member, if found guilty floating the rules and regulations of IHRC

DUTIES & RESPONSIBILITIES

- 1. Every active member should work along with respected higher-officials of IHRC
- 2. If a member found any type of vialence against the rights of human, then should inform to Head office.
- Members should visit Hospitals, Jails, Orphanage Homes, Slum Areas, Schools and other Govt. offices to make better society prupose only and member should go along with other term member with head office written permission only.
- Member should send montly report to head office.
- Member should activily involve in social service activities. For example distribution of basic essential items to needy, medical camp, Awarnes campaign on child right, women right, WASH, legal support to poore and needy etc.
- 6. Dispute subjects if any are settled by the permission of national Head Office to Jurisdiction on the person appointed by head office only.
- 7. Memebrs should Organize / Participate in Seminars, Press Meetings, & Legal Awareness Camps along with team member.
- 8. If any legal issue against IHRC must be made with in viskhapatnam legal jurisdiction only
- I know that the paid membership donation will not be refundable. it is Volunteer serivce no remuneration will be paid

I hereby pledge to uphold the constitution of India & Sincerely follow & abide by the objectives of INDO Human Rights Care. I am declaring that I am not a part of any other similer organisation. I also affirm that I will sincerely render my service without any vested interest. The governing body of Indo Human Rights Care has full rights to terminate my post & Memberships without any notice. I fully accept the terms & conditions of the above said oganization & I shall have no claim whatsoever.

Please Note that: - I. Attach 2 passport Size Photos

2. Attch Adress Proof Xerox, 3. Attach Photo ID Proof Xerox

Applicant Signature

* If any want to donate to this Trust Pay to IHRC Accountonly.

*IHRC is not responsible for paing any individuals account

IHRC BANK ACCOUNT DETAILS

NAME: INDO HUMAN RIGHTS CARE

UPI ID: INDOHUMANRIGHTSCARE@SBI



Bank: State Bank of India (SBI) A/c No. 41506091159 IFSC: SBIN0018814 Branch: Rampuram