



**CIVIL SERVICES OFFICERS' INSTITUTE, ASSAM**  
**APPLICATION FORM FOR MEMBER'S**  
**DEPENDANTS AND CLOSE RELATIVES**  
**(To be filled in Block Capitals)**



Dated:.....

- 1 MEMBER NAME : \_\_\_\_\_
- 2 PLEASE STATE WHETHER PERMENANT MEMBER (IF IAS, ACS, APS OR ANY OTHER STATE SERVICES) : \_\_\_\_\_
- 3 PLEASE STATE WHETHER ASSOCIATE MEMBER (IF CENTRAL GOVT./CENTRAL & STATE PSUs OFFICERS ) : \_\_\_\_\_
- 4 APPLICANT NAME : \_\_\_\_\_
- 5 MENTION RELATION WITH MEMBER : \_\_\_\_\_
- 6 DATE OF BIRTH : \_\_\_\_\_
- 7 RESIDENTIAL ADDRESS : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8 CONTACT DETAILS: : Office: \_\_\_\_\_ Residence: \_\_\_\_\_  
 E-MAIL ID \_\_\_\_\_  
 MOBILE NO. \_\_\_\_\_

9 FACILITIES OPTED :

	YES	NO
A) ALL SPORTING FACILITIES EXCEPT SWIMMING @Rs. 500/- Per Month		
B) SWIMMING POOL WITH JACUZZI @Rs. 600/- Per Month		
C) OTHERS (if any)..... @ Rs. .... /- Per .....		

I Shri/Smti..... member of CSOIA holding membership No..... declare that he/she is my ..... and I take personal resposibilty for the code of conduct of my dependant/Close relatives including their dressing attire and discipline.

The details of Demand Drafts/Local Cheques enclosed:  
 (i) Demand Draft/Crossed Cheque\* No. \_\_\_\_\_ Dated \_\_\_\_\_  
 (ii) Payable at \_\_\_\_\_ Bank, Guwahati.  
 (iii) Payment can be made in favour of "Civil Services Officers' Institute, Assam".  
 Payment in cash is not accepted.

Certified that all the information given above are correct

Signature of the Applicant Signature of the Member

\* Form to accompany photocopy of identity card of the applicant