



RAJENDRA SINHJI ARMY MESS AND INSTITUTE, PUNE (RSAMI)
ASSOCIATE MEMBERSHIP APPLICATION FORM
(TO BE FILLED IN BLOCK CAPITAL LETTERS)

The Chairman
Rajendra Sinhji Army Mess and Institute
C/o HQ Southern Command
No 1 Ashoka Marg, Pune- 411 001

PHOTOGRAPH
(IN CIVIL DRESS)

1. I am regular commissioned retired officer/ Widow with pension of the Army/Navy/ Air Force. May I request you to kindly make me a Associate Member of RSAMI, Pune on depositing of required Non Refundable Entry Fee, Refundable Membership Security Deposit and subscription in this regard. My particulars are given below :-

- (a) No: _____ Rank: _____ Name: _____
- (b) Date of Birth : _____ (c) Date of Commission : _____
- (d) Date of Retirement : _____ (e) PPO No : _____ (Photocopy att)
- (f) Present Address : _____
- (g) (i) Permanent Address at Pune : _____
: _____
- (ii) Telephone No _____
- (iii) Mob No _____ (for SMS Service of RSAMI- Only One No to be given)
- (iv) E Mail ID : _____
- (v) Alternate Mob No : _____
- (h) Address/Property Proof. Index II of the property owned by the applicant/spouse/dependents in Pune or Rent Agreement required to be att.
- (j) Duration of stay in Pune :-
(i) Staying Since : _____ (ii) Likely to stay till : _____

2. I am willing to pay the laid down entrance fee (Rs _____) (Non refundable).

UNDERTAKING

3. I and dependent members of my family will abide by RSAMI Rules and Bye Laws and instrs given on Notice Bds/RSAMI Website or through Secretary, RSAMI, Pune as issued from time to time. I am aware that an infringement on the above on my part or my dependents/guests will constitute a breach of trust and my membership of RSAMI may be terminated by Mgt of RSAMI, Pune, with out notice.

Station : _____

(Signature of the applicant)

Date : _____

TO BE SPONSORED BY ASSOCIATE MEMBERS OF RSAMI,PUNE
(I CERTIFY THAT I WILL HAVE FULL LIABILITY TO CLEAR ALL THE DUES, IN CASE OF
ABOVE SPONSORED OFFICER/WIDOW DEFAULTS ON PAYMENT OF ANY DUES OF RSAMI)
(IN BLOCK LETTERS)

Name : _____ Rank : _____ Membership No : _____

Address : _____

Date : _____ Signature : _____

4. **Other Particulars of Officer**

(a) (i) Last appointment held : _____

(ii) Last Unit : _____

(b) Particulars of current : _____
 Employment if any after retirement

(i) Name of employer and: _____

Address : _____

5. Particulars of spouse and dependent family members of applicant in terms of note to Para 13 of RSAMI, Rule, and Bye Laws , which reads that 'family' would include dependent parents (att Part-II Order of IHQ MoD (Army)) unmarried and unemployed daughters irrespective of age and sons up to age of 25 yrs. Employed or a married son and daughter irrespective of age will be treated at par with other guests.

Ser No	Name	Date of Birth	Relationship	Occupation
(a)				
(b)				
(c)				
(d)				

Station : _____

Date : _____

 (Signature of Applicant)

SPECIMEN SIGNATURE OF THE APPLICANT
(Please sign in both columns)

Rank : _____	1. _____
Name : _____	2. _____

6. **Note:-**

- (a) Rs 220/- (Non Refundable) is required to be deposited for Registration fee and cost of the form for membership. Draft/ Cheque should be issued in favour of Secretary, RSAMI, Pune.
- (b) Age proof/certificate of dependents is required to be attached with application (Birth certificate or School Leaving Certificate or Part II Order and IHQ MoD (Army) Part II Orders for dependent parents).
- (c) Address/Property Proof. Index II of the property owned by the applicant/spouse/dependents in Pune or Rent Agreement required to be attached.
- (d) Photocopy of PPO to be attached.
- (e) Two Passport colour photograph each of self and dependents is required to be submitted.

UNDERTAKINGS BY THE APPLICANT FOR ASSOCIATE MEMBERSHIP OF RSAMI,PUNE

7. By submitting this application form and on approval of Associate Membership, I and my dependents and guests shall be bounded by RSAMI Rules and Bye Laws and agrees to comply with notices displayed on RSAMI/Website/Notice Bds/ Instrs given in Monthly News Letters or passed/issued by Secy, RSAMI, Pune from time to time.
8. I will surrender the membership card of self and dependents on termination of RSAMI Associate Membership. I will also deposit the RSAMI Membership Card of my non entitled dependents as and when they become non-entitled dependents as per RSAMI, Pune Rules and Bye Laws. Any misuse on this account may please be penalized by levying of fine of Rs 1000/- per occurrence, incl termination of my Membership of RSAMI,Pune.
9. Certificate for un-married/un-employed daughter above 25 yrs of age who is dependent member and is in possession of RSAMI Smart Card :-
 “ My daughter : _____, age _____ years (Dt of Birth) _____ is un-employed/un-married. I undertake to inform RSAMI, Pune immediately on change of her above status failing which/on being facts found to be contrary, my membership may be terminated”
10. I shall inform the change of status of self and dependents imdt on occurrence.
11. I understand that only I am authorised to make any representation/complaint with RSAMI,Pune and shall brief my dependents and guests visiting RSAMI,Pune accordingly.
12. If there is any lapse/infringement/commission/omission/neglect/ non compliance on any of the above given undertakings by self, my dependents, and guests, the Mgt, RSAMI, Pune may levy fine to be decided by the Mgt incl termination of my Associate Membership of RSAMI, Pune without any notice.

Dated : _____

(Signature of Applicant)

FOR OFFICE USE ONLY

1. Regn Fee Paid (Non Refundable) Rs _____ Receipt No and date _____.
2. Entry Fee Paid (Non Refundable) Rs _____ Receipt No and date _____.
3. Security Deposit (Refundable) Rs _____ Receipt No and Date _____.
4. Particulars entered in the Membership Register and also data added in the Computer.
5. Total No of _____ Associate Membership Cards issued.
6. Card No Issued _____.

(Signature of the Dealing Clk)

(Signature of the Secy RSAMI)