



## THE INTERNATIONAL CENTRE GOA

### FORM OF APPLICATION FOR TRANSFER OF INDIVIDUAL LIFE MEMBERSHIP TO SPOUSE

To,

The President  
The International Centre, Goa  
Dr. E Borges Road,  
Goa 403 004  
India.

Sir,

1. I hereby apply for being enrolled as a member under the Rules of the International Centre Goa.
2. I have read the Memorandum of Association and the Rules of the Centre and agree to abide by them and to pay the Admission Fee / Annual Subscription as fixed from time to time. I understand that the decision of the Centre regarding my application for membership will be final.

Yours faithfully,

(Full Name & Signature)

Date:

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#### Notes for the Applicant:

1. The form has to be filled in capital letters or typed.
2. Fields marked with \* are mandatory to be filled.
3. All Applications for membership are considered by the Admissions Committee whose decisions are final and binding.
4. Incomplete applications shall not be considered. The ICG reserves the right to accept or reject any application without assigning any reason whatsoever.
5. Membership Fee, along with applicable service tax, shall be paid after approval of the membership.
6. This application form is valid only for a period of two years.
7. This application form to be collected from the ICG at the cost of Rs. 500/- + Service Tax as applicable (Non-refundable). In case the form is received by email or downloaded from ICG website, the cost of the form has to be paid at the time of submitting the form.

*Photographs of Applicant	*Specimen Signature of Applicant

Write all details in CAPITAL letters. Field marked \* are mandatory to be filled

<b>* Member's Name</b>					
<b>* Membership Number</b>					
<b>*Applicant's First Name (in capital letters)</b>	<u>Title</u>				
<b>*Applicant's Family Name/ Surname (in capital letters)</b>					
<b>*Date of Birth</b>	<b>dd</b>	<b>mm</b>	<b>yyyy</b>	<b>*Age</b>	
<b>*Citizenship</b>					
<b>*Residence address</b>					
<b>*Residence Telephone Number</b>					
<b>*Mobile Number</b>					
<b>*Office Name and Address</b>					
<b>*Office Telephone Number</b>					

<b>*Present position at Workplace</b> <i>if retired, mention last position held</i> (attach brief CV)		
<b>*PAN Number</b> <i>(Please also attach photocopy of your PAN card)</i>		
<b>*E-mail address</b> <b>(in capital letters)</b>		
<b>*Education</b>	<b>Name of Institution</b>	<b>Degree of Certification</b>
<b>Work experience/s:</b>	<b>Title</b>	<b>Dates</b>
<b>*Your hobbies</b>		

**UNDERTAKING:**

The information furnished above is true and correct to the best of my knowledge and belief.

\_\_\_\_\_

(Applicant's Full Name & Signature)

**FOR OFFICE USE ONLY**

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

Admitted on: \_\_\_\_\_ Intimation sent on: \_\_\_\_\_