



THE INTERNATIONAL CENTRE GOA

APPLICATION FORM for TRANSFER OF LIFE MEMBERSHIP TO SPOUSE

Date:

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

Sir,

1. I am applying for Life Membership of The International Centre Goa (ICG) under the proviso of 'Transfer of Individual Life Membership to Spouse'.
2. I hereby confirm that my spouse _____
(Membership No. _____) is deceased since _____ (Death Certificate is attached).
3. I have read, understood and accept the Memorandum of Association (MoA) and the Rules of the Society of ICG and agree to abide by them and to pay the Membership Fee as applicable and fixed from time to time.
4. Having read the MoA, I understand and accept that the activities of ICG are devoted primarily towards contributing to a better understanding of a broad range of economic, political, social and cultural national and international issues in the form of organizing and hosting academic events such as seminars and conferences, lectures, workshops and research, and through the promotion of cultural events in the areas of art and literature, music, theatre and others.
5. I understand that ICG's decision regarding my application for membership will be final.

Yours sincerely,

Full name (in block letters)

Signature

Notes for the applicant:

1. The form must be completed in capital letters wherever stated.
2. Fields marked with * are mandatory and must be completed.
3. All membership applications are duly considered by ICG's Admissions Committee and by the Board of Trustees whose decisions are final and binding.
4. Incomplete applications shall not be considered. ICG reserves the right to accept or reject any application without assigning any reason whatsoever.
5. The membership fee, along with applicable taxes, shall be paid after membership is approved.
6. This application form can be collected from ICG for Rs. 500/- + applicable taxes (non-refundable). If the form is received by email or downloaded from the ICG website, the cost of the form has to be paid at the time of submitting the form.

*Photograph of applicant
*Specimen signature of applicant

Write all details in CAPITAL letters. Field marked * must be completed.

*Title (Mr / Mrs / Ms / Dr)			
*Member's name			
*Membership number			
*Applicant's first name (in capital letters)			
*Applicant's family name / surname (in capital letters)			
*Date of birth	dd	mm	yyyy
Age			
*Citizenship			

*Residence address		
*Residence telephone number		
*Mobile number		
*Office name and address		
*Office telephone number		
*Present position at workplace (attach brief CV with last position held if retired)		
*PAN No. (please attach photocopy of your PAN card)		
*E-mail address (in capital letters)		
*Education	Name of institution	Degree awarded / year
Work experience:	Title	Dates

<p>*Membership of 1. Academic organizations; 2. Professional organizations; and 3. Clubs / others (please attach separate sheet if required)</p>	
<p>Publications / achievements / distinctions / honours / awards (please attach a separate sheet if required)</p>	
<p>*Hobbies</p>	
<p>*Have you at any time been convicted by any court in India for any criminal offence?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>*Are there any criminal proceedings pending against you before a court in India?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>*Are you accused in any criminal offence? If yes, please specify.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>*Please give your reasons for applying for membership and how you can contribute to ICG's objectives? (Please attach a separate sheet if required)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

UNDERTAKING:

The information furnished above is true and correct.

(Applicant's full name & signature)

FOR OFFICE USE ONLY

Receipt No.: _____

Date: _____

Admitted on: _____

Intimation sent on: _____