

OFFICE OF THE CHAIRMAN /SETTLER/C. E.:

COMMUNITY HUMAN RIGHTS (TRUST)

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Reg. office: Dr. Sukumar MK. Ghosh, Oppt. N.B.S.T.C. Station, P.O. & P.S.: Falakata, Dist.- Alipurduar, W.B. of India.

Ph: +91 94348 55166 (BSNL) / 95633 19411 (BSNL)

(Form fill-up only by block letters and send it to your President with (i) two copies of current stamp size photo , (ii) a self attested full-page of Xerox copy of Government issued Identity Card and (iii) Character and Residential Certificate from public representative).

Before the President

Promised / Affidavit / Declaring Form

I, Age..... Yrs, Sex M / F ; Date of birth

Blood Group.....W/ S/ D/ o- Mother.....

(With maternal /birth tittle) ; Village / Road/ Ward No.....; Land mark

G.P. / Municipality / Corporation..... P.O.-....., P.S.-.....

Block/ borough..... Sub-Div.....District.....

PIN....., State; Country; Govt. Issued Identity Card No.....

Name & No. of Parliament Constituency

Name & No. of Assembly Constituency.....

Qualification....., Occupation.....Identification Mark.....

Phone No....., My nearest Railway Station..... &

Airport....., birth place

am Indian/do, hereby solemnly affirm and declare as follows :

1. That I shall work as Social worker & as obedient social worker of the Unique President of this Association,

2. That I have neither any Politically membership nor any Court case till date, in future I shall not engage/attach with any political party or anti-social activities,

3. That I am appealing with a non-returnable amount **Rs. 600/-** (Six hundred) for **Membership** or **Rs. 1,500/-** (One thousand five hundred) for **Executive Membership** and **Rs. 10,000/-** (Ten thousand) for **Trustee Body Membership** with one month`s monthly subscription Rs. 150/- to Rs. 1,50,000/- and a donation Rs to work non-politically,

4. That I shall paying my membership fees, monthly subscription and a donation through the **State Bank of India A/C No: 3006 8670 962, IFSC: SBIN0001297** or **Union Bank of India A/C No. 6035 0201 000 9906 IFSC: UBIN0560359, Falakata Branch** or by hand cash to my President/ Chairman/ Treasurer.

5. That I would abide by all the norms, Rules & Regulation/ Resolution of this Trust, all the Act of my State/ Country,

6. That I know well that Political/ Anti-social/ Convicted by the Court/ Opportunist/ Megalomania/ Prejudiced person will not be fit for any membership. If any one do so, the Chairman of this Association shall take necessary steps.

7. That I know best that neither membership fees nor donation / monthly subscriptions will not be back from any Act,

8. That the above mentioned statements (1 to 7) are true to best of my knowledge and belief and with oath I will bear true faith and allegiance to the Constitution of my State/ Country as by law established, that I will uphold the sovereignty and integrity of my State/ Country, that I will duly and faithfully and to the best of my ability, knowledge and judgment perform the duties as social worker for the full time without fear or favour, affection or ill-will and that I will uphold the Constitution and the Law and order without any amicable settlement.

Verification by (Signature with CHR Code No.-----)

Signature of Adjure/ Applicant / Deponent

Date