

The Private College Teachers' Mutual Aid Trust (Kerala)

REG.No: 108/77

APPLICATION FOR ADMISSION

(As per Clause 5(b) of the Trust Deed)

1. Name of the Applicant :
(In Block Letters)
2. Age :
3. Date of Birth(In figures and words) :
4. Sex :
5. College in which the applicant is employed :
6. Designation and Department :
7. (a) Present Address :

- (b) Permanent Address :
(In Block letters)

DECLARATION

Ido hereby declare that I have read and understood the provisions of the Trust Deed of the Private College Teachers' Mutual Aid Trust (Kerala), Reg.No. 108, and the resolution adopted by the Governing Body of the Trust at its first meeting held on 24th July 1977. I further declare that I shall abide by the provisions of the Deed and the resolution.

Place:

Date:

Signature

.....

FOR OFFICE USE ONLY

Reg.No. of Applicant.....

Sri/Smt.is admitted as a Beneficiary of the Private College Teachers' Mutual Aid Trust (Kerala)

Place;

Date:

Secretary.

The Private College Teachers' Mutual Aid Trust (Kerala)

Reg. No. 108/77

1. Name of the Beneficiary :
(Block Letters)
2. Full Address :
(Official)

3. Register Number :
2. Year of Retirement :
5. Mobile Number :

NOMINATION FORM

I,.....(Designation).....
Beneficiary of the Private College Teachers' Mutual Aid Trust do hereby nominate; the person(s) mentioned below as my nominee/nominees to receive the financial aid payable to Beneficiaries mentioned in clause 6(a) and the Resolution adopted by the Governing Body of the Trust at its first meeting held on 24th July 1977 and entered in the minutes book of the proceedings of the Governing Body; in the event of my death while in service as a Private College Teacher in Kerala.

Name and full of Address of the Nominee(s) paid minor	Relationship with the Beneficiary	Age	Share payable to each	Name and address, relationship and age of the person to whom the right of nominee shall pass In the event of his predeceasing the Beneficiary.	Name and address the person to whom the share is to be on behalf of the
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Dated this.....day of20..... at.....

Witnesses

Signature

1. Name :
Designation :
Signature :
2. Name :
Designation :
Signature :

