## **NAVY FOUNDATION MEMBERSHIP FORM**

1.	Full Name:		
2.	Rank:		
3.	Personal Number:		(Please Atfiix latest
4.	Branch:		PP Size Photo)
5.	Last Unit:		
6.	Date & Type of Commission:		
7.	Type of Retirement:		
8.	Date of Retirement:		
9.	Marital Status:		
10.	Name of Spouse/ Next of Kin:		
11.	DoB including Year: Self:	Spouse/ NoK:	
12.	Present Home Address:	Permanent Home Addre	ess:
13.	Residence Landline No(s)		
14.	Office Landline No(s):		
15.	Mobile No(s). Self:		
16.	Mobile No(s). Spouse/ NoK:		
17.	E-mail ld:		
18.	Aadhaar No:		
19.	Choice of NF Chapter:		
20.	Present Occupation:		
21.	I hereby declare that I will abide by the Constitution of the Foundation.		tion.
			Signature
<u>Inst</u>	ructions:-		- <b>G</b>

Please fill details in **CAPITAL LETTERS** only.

(a)

- (b) Duly filled application form is to be forwarded to DESA by post or clear scanned copy by email to <a href="mailto:desa@navy.gov.in">desa@navy.gov.in</a>.
- (c) Membership fee for retired/ retiring Naval Officers would be paid by the Indian Navy to the Navy Foundation.

## For Office Use Only (NF Chapter)

Membership Type:

Membership Card No.:

Signature Receipt No.:

Hony. Secretary Navy Foundation Chapter. Date:

<u>Chapter List</u>: Bangalore Bhopal Chandigarh Chennai Coimbatore

Dehradun Delhi Goa Hyderabad Jaipur Kerala Kolkata

Lucknow Mumbai Nagpur Odisha Pune Visakhapatnam