PROFESSIONALS PARTY OF INDIA

Professionals Party of India

Registered with the Election Commission of India
Registration No. 56/43/2008/J.S.III/2513

Primary Membership Application Form

Affix recent photograph and sign across the photograph

To
General Secretary
Professionals Party of India, Pune, India

Sir,
I wish to apply for the **Primary Membership** of the Professionals Party of India.
I confirm that I am an Indian Citizen. I have attained 18 years of age. I accept the constitution and the ideology of the Professionals Party of India and I am not a member of any other political party or organization whose aims and objectives are in conflict with those of the party. I have not been convicted by any competent court of law in India for any offense involving moral turpitude.
My bio-data along with certified proof of address and proof of identity is attached herewith.

Kindly enroll me as a Primary Member of the Party. Enclosed is my cheque / demand draft for **Rs. 5,000.00 (Indian Rupees Five Thousand Only)** with my application.

(Please write in block letters)
Name :

Father's / Husband's name :

Educational Qualification :

Occupation :

Present Address :

Phone No : (Res.) (Mobile)

Email :

I solemnly declare that the particulars mentioned above are true and correct to the best of my knowledge and that I have not made any misrepresentation or concealment whatsoever. I hereby indemnify the Party against any misdemeanor by me directly or indirectly.

Encl. ☐ Bio-Data
☐ Address Proof (Phone/ electricity bill, etc)
☐ Identity Proof (Passport/ Driving License or any other government issued photo ID).
☐ Crossed Cheque/ DD No. _____ for Rs. 5000.00

(Applicant's Signature)

For office use only

Proposed by (only an existing Core Working Group member can propose)
The person is personally known to me and bears a good moral character.
Name :
Address :
Contact : (M)
CWG Membership No :

(Signature of Proposer)

Received **Rs. 5000.00** (**Rupees Five Thousand only**) vide cheque/DD No_____
dated _____/___/_____ drawn in favour of _____ bank
Date :
Place :

Signature of the person receiving money _____

Application Status ☐ Approved ☐ Rejected

Membership No. Alloted : P ☐☐☐☐☐

Validity : Up to ☐☐/☐☐☐☐

Authorized Signatory
PPI Membership Committee

Terms and conditions
- The membership is valid for the period of **ONE YEAR** only & the fee is **NON REFUNDABLE**
- **Please make payment in favour of "PROFESSIONALS PARTY OF INDIA". Please avoid cash payments.**

Correspondence address:
Professionals Party of India, C/o Chherawala & Associates, F6/35, United Apartments, East Street, Pune 411001

PPI/FORM/PM/210112