Association of Retired Senior IPS Officers
(ARSIPSO)

Application Form for Membership

1. Name…….
2. Address……

   …….
3. Mobile No……E-Mail…….
4. Date of Retirement and Post held at the time of Retirement……

   ……
5. Organization from which retired……
6. Year of allotment in IPS and cadre…….
7. Date of birth……...
8. Hobbies & interests……
9. Please choose one of the following modes of payment:

(a) I request to be enrolled as a Member of the Association and attach herewith a crossed cheque No.----------dated----------of Rs.5,000/- (Rupees Five Thousand Only) drawn on ----------Bank, favoring ARSIPSO.

(b) I request to be enrolled as a Member of the Association and have transferred Rs. 5,000/- (Rs. Five Thousand only) by net banking in ARSIPSO Savings Bank Account No. 30411884150 with SBI, Masoodpur, Vasant Kunj, New Delhi (Branch IFSC Code No. SBIN0008524) vide reference no. ----------dated ----------.

Signature of the Applicant