

RETIRED COLLEGE TEACHERS' ASSOCIATION PUNE (RCTAP)

Reg. No : Pune/0000264/2024

(C/o. Magan Mahadeo Tate, "Mamata" 59, Vatan Nagar, Talegaon Dabhade (Station), Tal. Maval, Dist. Pune - 410 507)

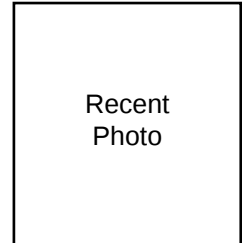
Application form for Lifetime Membership

To,
The President,
RCTAP

Sir,

Kindly enroll me as a Life Member of RCTAP .

My personal information is as follows,



- 1) Name : _____
Surname Name Father's Name
- 2) Address : a) Permanent _____
b) Present _____
- Mobile No. : _____ Phone No. : _____ E-mail : _____
- 3) Date of birth : _____ Blood Group : _____
- 4) Retirement Date & Month : _____
- 5) Retired from College & Institution : _____
- 6) Qualification & Designation : _____
- 7) Hobbies : _____
- 8) Social Work : _____

I will abide by all rules & regulations of Association

Signature

Name : _____

Note : Membership, Subject to the approval of Executive Council.

For Office Use Only

Name : _____

Receipt No. : _____ Date . / /