

PALIKA SERVICES OFFICERS' INSTITUTE

Application Form For Smart Cards



(Please Type or Use BLOCK LETTERS and Sign With Black/Blue Ink only)

PERSONAL No.:

I'm Currently... (Please tick)

GOVT NON GOVT CORPORATE CIVIL Others _____

1 Type of Membership (Please tick)

Permanent Temporary Honorary Tenure
 Associate Others _____

Rank/Title First Name

Middle Name Last Name

Blood Group Email_ID Gender

Date of Birth (dd/MMM/yyyy) Mobile No.....

Present Residence Address

..... Country

City State

PIN Phone (with STD)

Organisation Name..... Designation

Address Country

City State

PIN Phone (with STD)

MARITAL STATUS (Please Tick) Single Married

If Married, please fill the following information:

Spouse Name

Spouse DoB Mobile No.

Blood Group Gender Email ID

Anniversary Date(dd/MMM/yyyy) No. of Dependant*

**Dependant Children means Son or Daughter between 1 - 25 years of Age.*

PHOTOS WITH SPECIMEN SIGNATURE(S) FOR PSOI MEMBERSHIP SMART CARDS

Type or Use BLOCK LETTERS and SIGN

Please give details and paste photograph of only those, whose Smart Card is to be made.

MEMBER

Kindly paste your
photograph here
(Please do not staple)

SPOUSE

Kindly paste your
photograph here
(Please do not staple)

Name _____ Name _____

DEPENDANT(S)

Name _____

DoB _____

(dd/MMM/yyyy)

Gender

Kindly paste your
photograph here
(Please do not staple)

Name _____

DoB _____

Gender

Kindly paste your
photograph here
(Please do not staple)

Name _____

DoB _____

Gender

Kindly paste your
photograph here
(Please do not staple)

Date

(Member's Signature)