APPLICATION FOR REGISTRATION OF COOPERATIVE SOCIETY IN THE N.C.T. OF DELHI

To,

The Registrar, Co-operative Societies, Govt. of NCT Delhi, Sansad Marg, New Delhi

We the undersigned submit herewith a proposal for the registration of the Co-operative Society particulars of which are given below along with enclosures as indicated below

1.	Name of the proposed Society	
2.	Address to be Registered	
3.	Whether Liability Limited or Unlimited	•••••••••••••••••••••••••••••••••••••••
4. 5.	Area of Operation Objects of the Society	
	Objects of the Society	
6.	No. of Shares issued for subscriptions	
	and face value of each share	
7.	Total paid up shar captial raised	
8.	Extent of liability of members over and above	
	the value of shares held by each of them	
9.	Enterance Fee Collected	
10.	Amount deposited in the Delhi State Co-operative	
	Bank Ltd.	
11.	Language in which accounts or proceedings of the	•••••••••••••••••••••••••••••••••••••••
12.	meetings shall be kept List of documents enclosed	
12.	List of documents enclosed	•••••••••••••••••••••••••••••••••••••••

We declare that the statements given above including that given in the enclosures are true and correct to the best of our knowledge and nothing material has been concealed therefrom or mis-represented there on :-

S.No.	Name of Promoter Member or Name of Corporate Body in case of Institution	If the applicant is an individual			Place of Residence or Place of office in case	No. of Share subscribed and the amt. Paid in	Signature
		Age	Nationality	Profession	of Institution	the Share Capital	
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		Age	Nationality	Profession	of Institution	the Share Capital	
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VERIFICATION NO. 1

Certified that all the persons who have signed the application are personally known to me and have signed in my presence.

Signature of the President / Secretary

Certified that President and Secretary are known to me and they have signed in my presence.

Signature of Gazetted Officer M.P./ M.L.A. (Stamps) Name and address of Applicants elected as Members of Managina Committee

S.No	Name	Address	Occupation	Officer of which elected	Signature
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VERIFICATION NO. 2

Certified that all the persons who have signed the application are personally known to me and have signed in my presence.

Signature of the President / Secretary

Certified that President and Secretary are known to me and they have signed in my presence.

Signature of Gazetted Officer M.P./ M.L.A. (Stamps)