



# DEFENCE SERVICES OFFICERS' INSTITUTE

Dhaura Kuan, New Delhi - 110010 Ph: +91-11-25694081-85  
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Form No.

## APPLICATION FOR DSOI MEMBERSHIP SMART CARDS

(Please Type or Use BLOCK LETTERS and BLACK INK only)  
The same data will be used for printing on Membership Smart Cards

### SMART CARDS APPLIED FOR

Self

Spouse

Dep\_1

Dep\_2

Dep\_3

Dep\_4

Club Membership No.\*

Service (*Please tick*) :

Army

Navy

Air Force

Rank \* ..... First Name \* .....

Serving  Middle Name\* .....

Retired  Last Name\* .....

IC/Personal No. \* ..... Decoration(s) .....

Date of Birth \* ..... Mobile No.\* ..... Landline .....

PAN Card No. \* ..... DSOWF No. ....

Email ID \* .....

Marital Status\* (*Please Tick*)    Unmarried     Married     Divorcee     Widow / Widower

**If Married / Widow, please fill the following information :**

Spouse Name \* .....

Spouse DoB \* ..... Mobile No. ....

Anniversary Date ..... Email ID .....

**If Retired, please fill the original PPO details and attach the photo copy of the same**

Original PPO No. ....

**Note : Particulars marked with (\*) are mandatory.**

**CORRESPONDENCE ADDRESS**

**Present Residence Address \*** .....

.....

City ..... State .....

PIN ..... Phone (with STD) .....

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**Permanent Residence Address \*** .....

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City ..... State .....

PIN ..... Phone (with STD) .....

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**FOR SERVING MEMBERS**

**Unit Name & Address \*** .....

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City ..... State .....

PIN ..... Phone / Fax .....

Designation ..... Email ID .....

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**FOR RETIRED MEMBERS, IF EMPLOYED**

**Organization Name & Address \*** .....

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City ..... State .....

PIN ..... Phone / Fax .....

Designation ..... Email ID .....

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**Preferred Billing Address\* (Please Tick)**

Present

Permanent

Unit

Office

**Note : Particulars marked with (\*) are mandatory.**

**Photos with Specimen Signature(s)** {Please sign with **BLACK INK** within the box}

**MEMBER**

Kindly paste your photograph here  
(Please do not staple)

[Empty box for Member signature]

**SPOUSE**

Kindly paste your photograph here  
(Please do not staple)

[Empty box for Spouse signature]

**DEPENDANT(S)**

(Sign within the BOX with Black Ink)

Name .....  
DoB .....  
Mobile .....  
Email : .....

Kindly paste your photograph here  
(Please do not staple)

[Empty box for Dependant 1 signature]

Relation : Son  Daughter

Name .....  
DoB .....  
Mobile .....  
Email : .....

Kindly paste your photograph here  
(Please do not staple)

[Empty box for Dependant 2 signature]

Relation : Son  Daughter

Name .....  
DoB .....  
Mobile .....  
Email : .....

Kindly paste your photograph here  
(Please do not staple)

[Empty box for Dependant 3 signature]

Relation : Son  Daughter

Name .....  
DoB .....  
Mobile .....  
Email : .....

Kindly paste your photograph here  
(Please do not staple)

[Empty box for Dependant 4 signature]

Relation : Son  Daughter

**NOTE:**

- ◆ **Age Criteria for Dependant Smart Cards :**  
**for Male** - Below the age of 25 yrs, and  
**for Female** - Unmarried Daughters or Age below 30 years, whichever is earlier.  
No Smart Card will be issued to dependants below 12 years.
- ◆ Enclose Age Proof (Copy of Passport / Birth Certificate / Voter's ID / School Certificate)

Please make a payment of Rs. 190/- each card for Spouse and Dependant(s) by cash / cheque in favour of "DSOI Dhaula Kuan"

*I hereby confirm to abide by the rules and regulations of the DSOI, Dhaula Kuan, Delhi Cantt Membership and certify that information given above is correct to the best of my knowledge. Suppression/ misrepresentation of any information will make my membership liable for termination.*

Date .....

(Sign. of Member)

**FOR OFFICE USE ONLY**

1. Date of receipt of Application .....
2. No. of Smart Cards Approved to be made: 1  2  3  4  5  6
3. Member Category      Permanent       Honorary       Tenure       Associate   
                                 Elderly       Others .....

If Tenure/SSC, please specify Valid Upto date : .....

4. Current Membership Status      Active       Outstation

5. New Membership No. Allotted

7. **CHECKLIST**                      **YES**                      **NO**

Dependant DoB Proof Attached                           

Original PPO copy attached                           

*(for Retired personnel only)*

**(Authorised Signatory)**