

Membership No. Alloted..... Register Sl. No.....
(For Office use only)

Paste
Photograph of
Member

DEFENCE SERVICES OFFICERS' INSTITUTE
DHAULA KUAN, NEW DELHI-110010
APPLICATION FOR ASSOCIATE MEMBERSHIP WIDOWS

1. Type of Associate Membership Active/Outstation.....
2. Full Name.....
3. Date of Birth (Attach proof).....
4. Widow of (Rank, Personal No and Name).....
5. Service: Army/Navy/Air Force of Late Husband.....
6. Date and Type of Commission of Late Husband.....
7. Date of death of the Husband (Attach copy of Death Certificate).....
8. Are you in receipt of Family Pension/Special Family Pension (Attach copy).....
9. If a War widow attach supporting documents.....
10. If not in receipt of family pension present occupation & source of Income.....
11. If not in receipt of pension, proof of marriage to the officer (Attach copy of proof).....
12. If remarried to a civilian please furnish his details (Name, Occupation, Status etc).....
.....
13. Present Residential address.....
.....
.....
14. Permanent Home address.....
.....
.....
15. Aadhar No.....
PAN No.....
.....
16. EMail address..... Mob. No.....
17. DSOWF Membership Card No of yourself or Late Husband.....
18. DSOI Membership Card No of Husband, if he was a Member.....
19. Details of Children (Sons below 25 yrs and Unmarried Daughters below 30 yrs)

Name	Relationship	Date of Birth (Attach proof)
1.....		
2.....		
3.....		
4.....		
20. Are you a Member of any Officers Mess? If yes give the Name.....
21. Do you wish to draw liquor from DSOI.....
22. Specimen Signature: -(i).....(ii).....

DECLARATION

1. I Undertake to become an Associate member of the Defence Services Officers' Institute. have read the Rules and Bye-Laws of the Institute and agree to abide by the same.
2. I will intimate any change of Office/Residential Address and Tel Nos to DSOI,
3. I hereby undertake the responsibility to clear all my dues and subscriptions on due date. In the event of non-clearance of the dues in time, action may be taken to terminate no membership as per rules in force. In case of any doubt on billing, I will first clear the bill and then raise any queries on the subject.
4. I undertake to intimate DSOI regarding change of status of dependents on getting married/employed or attaining the age of 25 years for sons and 30 years for daughters.
5. I hereby certify that all the informations given above are correct to the best of my knowledge, willful suppression of any information will make my membership liable for termination.

Date.....

Signature of applicant.....

Certified that the officer will clear all his dues and obtain clearance certificate from the Insitute before leaving the Unit/Establishment/Station on posting / retirement.

Office Stamp
Station

Recommended/Not Recommended

Date.....

(Signature with Name in Block letters of
Officer Commanding/ Director/
of Designation and rank)

PROPOSED BY

1. Member No.....
- Rank & Name.....
- Signature.....

SECONDED BY

1. Member No.....
- Rank & Name.....
- Signature.....

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1. Date of receipt of Application.....
2. Date membership approved by the Managing Committee.....
3. Membership No Allotted.....
4. Clearance of upto date dues.....