



अपराध निवारण, अन्वेषण समिति

Crime Prevention, Investigation Bureau

(Authorised under Clause by Government of India and Uttar Pradesh Registration Rules, 1975, G.O.No. 2957 Dated 16.11.1998 vide No. 732/98-99 and Hon'ble High Court Allahabad Wr. No.33816/18725 dated 02.11.2001)

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Regional Office: K.54/96-B-1, Daranagar,(Maidagin) Varanasi-221001
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To,

**The Director,
C.P.I.B.-Central Branch**

APPLICATION FORM

Under rules 4(B)/4(C)

Dear Sir,

I want to become a member of your organisation. Under this apply for membership that cast our sources according to my qualification. A chance may be granted. I shall abide the constitution rules and regulation of organisation. I am paying the required membership fee for the year

I have deposited to my Annual Membership fee for Rs.....yearly by M.O./P.O. /D.D. No.....dated..... Four copy colour Photograph(with Postage stamp size)
NameF./H.Date of Birth.....
Address
.....Pin.....State
Police StationOccupation.....
Monthly Income Rs.Nationality.....Language
Educational Qualification
Experience if any.....
(Enclosed Photocopy of Certificate)
Identification marksHeight.....Weight.....
Dated:Subscription No.....

(Signature of Applicant)

I satisfy and agreed that rules, regulation of above organisation that I have study of condition in organisation except for sometime and next feature's. We are/I am sending at Money of Rs..... make a donation to the organisation.

(Signature of Applicant)

VERIFICATION OF MEMBERSHIP APPLICATION FORM

Certified that I have know Mr.

F./H.Placefor the last and that to the best of my knowledge and belief he bears reputation character and has no antecedents which render him suitable/unsuitable for above condition. I am satisfied about the responsibility of the person who has given above certificate of verification.

Office Seal:

Date:

Address:

Signature or verification authority

NAME.....

(BLOCK LETTERS PLEASE)