

**APPENDIX - I (See rule 3 (b)) Form No. I**  
**THE MAHARASHTRA STATE FOREST EMPLOYEES WELFARE FUND**  
From of application for membership.

To  
The Chairman,  
Executive Committee,  
Maharashtra State Forest Employees Welfare Fund  
Nagpur.

Dear Sir,

I (name in full)-----  
designation ----- working in Division/Office of ----- request you to enroll  
me as a member of the Maharashtra State Forest Employees Welfare Fund. I have read the  
Maharashtra State Forest Employees Welfare Fund Rules 2006. I agree to abide by the  
rules of the Fund in force from time to time. I agree to subscribe towards it in accordance  
with the rules of the Fund in force. I give my consent to the deduction from my pay, which I  
am or may be drawing, the subscription payable by me in the first fortnight of April every  
year at the time of payment.

Yours faithfully

Place :  
Date :

Signature,  
Name and designation  
of the applicant.

No of  
Forwarded to the Chairman, Exertive Committee Maharashtra State Forest  
Employees Welfare Fund, Nagpur for necessary further action.

Place :  
Date:

Chairman  
Divisional Committee MSFEWF  
PCCF MS, Nagpur

Shri ----- of ----- is  
hereby enrolled as a member of the Maharashtra State Forest Employees Welfare Fund.

Place :  
Date:

Chairman  
Maharashtra State Forest Employees  
Welfare Fund Executive Committee, Nagpur

No of  
Returned to the Chairman, Divisional Committee, Maharashtra State Forest  
Employees Welfare Fund, ----- Division, for record.

2. Subscriber No. ----- is allotted to the above applicant. In future correspondence  
pertaining to the applicant the above number should please be cited.

Place : Nagpur

Secretary  
Executive Committee,  
MSFEWF

-----XXX-----

नामांकन अर्ज

मी ----- पद -----  
वय----- जन्मतारीख ----- याद्वारे नमूद करतो की, मला  
नैसर्गिक/अपघाती मृत्यु आल्यास ----- जिवन विमा  
कंपनीकडून देय असलेली रक्कम घेण्यास श्री/श्रीमती/सौ. -----  
(विमादाराशी नाते) ----- यांना वारस म्हणून घोषित करित असून त्यांनी  
दिलेली पावती ही विमा कंपनीस अंतिम व पूर्ण असेल.

सदस्याची सही

तारीख :-

ठिकाण :-

साक्षीदाराचे नाव व पत्ता

स्वाक्षरी

1. -----

2. -----