



# PUNE SHRAMIK PATRAKAR SANGH

193, Navi Peth, Near Ganjwe Chowk, Pune - 30  
Contacts: (020) 24534190 / 24530214 / 8087000497

## ■ Membership Form ■

**To,**  
**General Secretary,**  
Pune Union of Working Journalist,  
Navi Peth, Pune.

**Date :**

**Dear Sir,**

I request you to please consider my application for REGULAR/ ASSOCIATE membership of PUWJ.

### ● Personal Information :-

Full Name : _____	Gender : M <input type="checkbox"/> F <input type="checkbox"/>
Res. Address : _____ _____	Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/>
Contacts : Phone: _____	Education : _____
Email : _____	Blood Group : _____
Organisation : _____	Designation : _____
Office Address : _____ _____	Experience in Journalism : _____
Contacts : Phone: _____	Previous Organisations
Email : _____	(If any) : _____

### ● Type of Membership :-

<b>1] REGULAR Membership :</b> <input type="checkbox"/>	<b>2] ASSOCIATE Membership :</b> <input type="checkbox"/>
<b>Documents Attached :</b>	<b>Documents Attached :</b>
1) Appointment Letter : <input type="checkbox"/>	1) Appointment Letter : <input type="checkbox"/>
2) Contract Letter : <input type="checkbox"/>	2) Contract Letter : <input type="checkbox"/>
3) Current Payslip : <input type="checkbox"/>	3) Current Payslip : <input type="checkbox"/>
4) Bank statement : <input type="checkbox"/>	4) Bank statement : <input type="checkbox"/>
5) Office ID : <input type="checkbox"/>	5) Office ID : <input type="checkbox"/>
6) Letter from Editor/ Resident Editor/ Executive Editor/News Editor : <input type="checkbox"/>	6) Letter from Authorised person : <input type="checkbox"/>
7) Other, if any _____ : <input type="checkbox"/>	7) Other, if any _____ : <input type="checkbox"/>

● **Nominee for Mediclaim (If facility entitled) :-**

Full Name : \_\_\_\_\_ Gender : M  F   
Relationship : \_\_\_\_\_ Date of Birth :   
Res. Address : \_\_\_\_\_ Education : \_\_\_\_\_  
\_\_\_\_\_  
Blood Group : \_\_\_\_\_  
Contacts : Landline : \_\_\_\_\_  
Mobile : \_\_\_\_\_  
Email : \_\_\_\_\_

(Signature of Applicants)

● **INTRODUCTION :-**

I know applicant personally and I recommend that PUWJ may consider his application.

**Introducer :** Name : \_\_\_\_\_  
Organisation : \_\_\_\_\_ Signature

**Approbatory :** Name : \_\_\_\_\_  
Organisation : \_\_\_\_\_ Signature

● **For Office Use :-**

1) Recommendation of Scrutiny Committee :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Decision by Karyakarini :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Remarks by General Secretary :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Date of Membership approval :- \_\_\_\_\_

(General Secretary)