



DEFENCE SERVICES OFFICERS' INSTITUTE

Dhaura Kuan, New Delhi - 110010 Ph: +91-11-25694081-85
Website : www.dsoidelhi.org Email : info@dsoidelhi.org

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)

Permanent Residence Address *

.....

City State

PIN Phone (with STD)

FOR SERVING MEMBERS

Unit Name & Address *

.....

City State

PIN Phone / Fax

Designation Email ID

FOR RETIRED MEMBERS, IF EMPLOYED

Organization Name & Address

.....

City State

PIN Phone / Fax

Designation Email ID

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)