

**TRI NAGAR KESHAV PURAM CPE STUDY CIRCLE  
OF  
NORTHERN INDIA REGIONAL COUNCIL  
OF  
THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**

310/25, Onkar Nagar-B, Tri Nagar, Delhi-110035

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Space  
for  
Photograph

**REQUEST FOR ANNUAL MEMBERSHIP**

Name : Mr/Ms \_\_\_\_\_  
Membership No. : \_\_\_\_\_  
Address(Office): \_\_\_\_\_  
Resi.) : \_\_\_\_\_  
Phone (Office) : \_\_\_\_\_  
Phone (Resi.) : \_\_\_\_\_  
Mobile : \_\_\_\_\_  
E-Mail : \_\_\_\_\_  
Blood Group : \_\_\_\_\_

My Annual Membership Fees of Rs.2000/- ( Two Thousand Only) vide  
Cash/Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on  
Bank \_\_\_\_\_

in favour of Tri Nagar Keshav Puram CPE Study Circle is enclosed  
herewith.

I am already enrolled as an annual member. However, details are  
furnished.

(Signature)

Recommendation of One existing Member

Please admit the above member membership of our study circle.  
Name Phone/Mobile No. Membership No.

\_\_\_\_\_

(Signature)