

ASSAM COLLEGE TEACHERS' ASSOCIATION



MEMBERSHIP ENROLMENT FORM

1. Name :
2. Qualification :
3. Name of the College :
4. Department :
5. Date of Joining :
6. Age :
7. Permanent Address :
.....
.....
8. Corresponding Address :
.....
.....
9. Contact Number :

DECLARATION

I do hereby solemnly declare that I shall abide by the constitution of ACTA and shall pay all dues in time and so long as I am a member, I shall not do anything which might go against the interest of the Association.

Unit Secretary
Date :

Signature
Date :



অসম কলেজ শিক্ষক সংস্থা

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Application for Life Membership

1. Name (In Block Letters) :
2. (a) College from which retired :
- (b) Department :
3. Residential Address :
- :
- :
4. Telephone No (with STD code) :
- Mobile No. :
5. Date of retirement :
6. Period of association with ACTA :
7. Whether the applicant hold any office of ACTA
- (a) Unit level :
- (b) Zonal level :
- (c) Central level :
8. Any other information :
9. Comments from the Unit :
10. Recommendation of the zonal committee :

Declaration

I, Sri/Smti/Dr. want to be a life member of ACTA as provided in the constitution amended in the 53rd conference. I do hereby solemnly declare that I shall abide by the constitution of ACTA and shall not do anything which might go against the interest of the Association.

I hereby pay Rs. 1000.00 (Rupees one thousand) only as Life Membership fee in cash/DD.

Date :

Signature of the applicant