

To be filled by the witness

18) Witness

Name.....Relation.....

Address.....

Phone no Mobile No.....

I, Mr. / Mrs. / Miss..... know the applicant personally for a period ofyearsmonths and confirm that to the best of my knowledge, he/she is suitable for the membership.

Date.....

Place..... Signature of the Witness.....

Declaration

I,..... wish to become a member of HRCP. I promise to abide by the constitution, code of ethics and bye-laws of the HRCP. I understand that the process requires my application to be approved by the board of members of HRCP.

I hereby solemnly and sincerely affirm that the information along with the documents furnished by me in the application form is true and correct. I have not concealed any information. However if any information furnished here is found to be fraudulent, incorrect or unnatural, I understand that I am liable for criminal prosecution and in that case I also agree to forego my membership of **Human Rights & Citizens Power** (HRCP). Further that the membership of HRCP is liable to be cancelled.

Date.....

Place: Members's Signature

Left Thumb Impression	Right Thumb Impression	Signature Specimen	Name:.....

Terms & Conditions:

- a) Membership period valid only for one year. Renewal required thereafter.
- b) Annual General Membership Fee (Cash / DD / Cheque), Please tick mark. In favour of "**Human Rights & Citizens Power**". Demand Draft should be Payable at New Delhi. Membership Fees once paid not Transferable or Refundable.
- c) Members joined as a volunteer, HRCP Organization is not liable to give him / her payment whatsoever.
- d) For any assistance e-mail: myrights@humanrightspower.com or Helpline: +91-9871946007.

For office use only (Block / District / State Body of HRCP or any Cell of HRCP)

This is to confirm that the information given by candidate in the application has been checked for validity and that the documents enclose have been verified. The candidate is found **suitable** for the membership of HRCP.

Approved by Name.....Designation.....Body office at-

Block / District / State

Membership Receipt no.....

.....
Signature of the State Authority

For office use only (National Body office of HRCP)

a) The candidate is found eligible for the membership of HRCP and is nominated as the.....

at...../..... State.....

b) The candidate's application has been **rejected** because.....

Place: New Delhi

Date.....

Membership No. Allotted:

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Central Pillar of Democracy
 SEAL
 APPROVED AS ACTIVE MEMBER
 सत्य ही जयते
 Seal & Signature of the Competent Authority of the Organization
(National Headquarter)