



HORTICULTURE PRODUCE MANAGEMENT INSTITUTE

(Registered Under Societies Act 1860, Vide Registration No. 887)

APPLICATION FORM

To,
The General Secretary,
Horticulture Produce Management Institute (HPMI),
Shobhit University House, A-87, Sector-57, Noida – 201 301,
NCR Delhi, India.

Ref.: ANNUAL BENEFICIARY MEMBERSHIP

Sir,

I wish to become the beneficiary member of HPMI and I confirm to abide by the rules and regulations of the Society (as given on the back of this form.)

I am enclosing a cheque / DD of Rs 1000/- under the name of **Horticulture Produce Management Institute**, payable at **NOIDA** (IDFC FIRST BANK, Account Number: 10059983500, IFSC CODE: IDFB0020155) for annual beneficiary membership.

Personal Information :

Name :

Father's Name :

Address & Phone No. :

Date of Birth :

Occupation :

Date :

Signature



DECLARATION

I hereby declare that I have read the Article of Association of HPMI reads as :
“ANNUAL BENEFICIARY MEMBERS” : any person selected or identified by the Executive Committee for which an annual subscription of Rs. 1000.00 would be paid by the beneficiary member. The beneficiary member will not be the part of the General Body and therefore, they will not be entitled to cast their votes in General Meeting.

I hereby agree to abide by all the rules and regulation of HPMI.

Name

Date

Signature