

ASHADIP MEDICAL AND SOCIAL WELFARE ASSOCIATION

Registered by Govt. of West Bengal XXVI Act 1961

Regd. No.- S/1L/31387 ★ PAN No.- AABAA4112B

ISO 9001:2008 Certify Organization

Regd. Office : At. + P.O.- Sabang, Dist. - Paschim Medinipur, Pin-721144 (W.B.)

Phone : (03222) 249042, (03243) 273218, Mob. : 9732612485

Website : www.ashadip.org, E-mail : ashadipmedical@gmail.com



APPLICATION AND AGREEMENT FORM

POST NAME : CDA ORGANIZER MM DO ADV SP

(Please Fill in Capital Letters with Black ink)

Applicant's Name :

Father's / Guardian's Name :

Nationality : Date of Birth Age

Address : Pin Code

Tel No. : Mobile No. :

PAN /GIR No. : E-mail ID :

Proof of Identity and address Passport Voter ID Card Pan Card Driving Licence Photocopy Issued
by any institution Arms Licence Any other document contained photography, Please Specify

Nominee Details : Name

Relationship

Address

BANK DETAILS :

Bank Name : Branch Name

Account No. : Type of Account

MICR No. : IFSC Code No. :

FAMILY DETAILS :

SL. No.	NAME	AGE	SEX	RELATION
1.				Self
2.				Wife/Husband (✓)
3.				Son / Daughter (✓)
4.				Son / Daughter (✓)
5.				Son / Daughter (✓)
6.				Father (✓)
7.				Mother (✓)

Sponsor's Information Rate of Package Rs.
Sponsored ID Sponsor's Name

Applicant's Signature

Designation



**Terms conditions for Ashadip's
New Entrants / Applicants**

The Applicant is required to read throughly and understand the terms and conditions of the N.G.O.

- 1) The applicant should have completed minimum 18 years of age.
- 2) For joining as an agent of the N.G.O. the applicant will have to make the prescribed payment towards agency donation fee by way of cash from authorised N.G.O.'s Franchisee or through website online payment.
- 3) The initial payment made by the applicant is towards enrolling as a agent and the same is not refundable under any circumstances .
- 4) The member shall pay to the N.G.O. service charges, postal charges, registration fee, E.T.C. charges shall not be refundable to the agent under any circumstances .
- 5) Age will be eligible for incentives or income any as per the volume of business done be him that also subject to the eligibility norms formulated by the N.G.O. does not assure any incentive or income to the agent on merely account of his / her joining the N.G.O.
- 6) The agent will not to be a consumer or employee of the N.G.O. His/Her position being so, he / she can not bind the N.G.O., in any manner nor he / she his any authority to bind the N.G.O. or represent or speak on behalf of the N.G.O.
- 7) The N.G.O. will approve the agency by issuing an officiant receipt which will carry the code number and an identification number knows as 'ID' as chosen by the N.G.O. This code number and ID have to be quoted by the N.G.O. in all his / her transactions and correspondence with the agent. The code number and ID once chosen can not be altered at any after point of time.
- 8) The agent has to pay renewal fees Rs. 200/- at the end of 12 years their agency as per N.G.O. norms.
- 9) All individual agent should adhere to rules and regulations formed by the organization and if any of the agent is found guilty of not observing the same, then he /she will be terminated from the N.G.O.
- 10) The N.G.O. reserves all rights to terminate an agent.

Type of Member : **Fees Rs.**

Package :

- | | |
|----|----|
| 1) | 2) |
| 3) | 4) |
| 5) | 6) |

Read over by me / to me and agreed by me

Dated this the this day of

Name :

Signature :

Declaration / Affirmation

I aged years, S/O,
D/O/W/O house
..... Vill..... P.O.....
P.S. Street
District..... State do
hereby solemnly affirm and declare as follows :

After carefully reading/ hearing it read by others, the terms and conditions admission as the business plans appended along with the application form, I here by agree to the same, and join as a agent of the ASHADIP MEDICAL & SOCIAL WELFARE ASSOCIATION' of my own accord to do the marketing.

- 1) I will bear true faith and allegiance to the N.G.O. and shall integrity and decorum of the N.G.O. to which I am about to join as an agent.
- 2) I will bear utmost honesty and uprightness to the agent and to the clients of the N.G.O. I also swear that I will not indulge in any kind of unfair means to promote my business as an agent.
- 3) I have fully understood and am convinced of the terms and conditions with the norms of the N.G.O.
- 4) I am fully aware that the initial payment made by me is towards N.G.O. agency donation fees and hence not refundable.
- 5) I am made to understand that being a freelance agent will not be an employee or consumer of the N.G.O. Hence I have no authority to bind the N.G.O. or to speak o it's behalf.
6. I declare that I have not been given any assurance or promise by the N.G.O. or its senior level agent as to any income on account of the initial payment made by me. However I am made to understand that I will be eligible for income / incentives depending upon the volume of business done by me as terms.
- 7) I will not promote the business of other N.G.O.s in the office premises and meeting hall or wherever the activities of the N.G.O. takes place.
- 8) I will not misguide or induce any one dishonestly to join the N.G.O. I hereby agree and adhere to the terms and conditions stipulated along with the application form and as mentioned above and agree to do insurance business.
- 9) I here be agree to submit all disputes to arbitration a provided in the terms and conditions of the N.G.O.

In witness whereof I hereto have signed this declaration / affirmation this day of2015/2016 in presence of the following witnesses.

..... Signature Name of Applicant (in his / her hand)
Witness :-	

- 1) Name - Signature
- 2) Name - Signature