



**Association of College and University SuperAnnuated Teachers  
(Maharashtra)**

Reg. No. MH - 853 / 2009, F 15276

**Application for Life Membership**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COLOR  
PHOTO**

**Telephone:** \_\_\_\_\_

(Mobile No.)

**Alternate No.:** \_\_\_\_\_

(STD) - (Land line)

**Email(s):** \_\_\_\_\_

**Date of Birth:** (DD / MM/ YYYY) \_\_\_\_\_

**Date of Appointment:** (DD / MM/ YYYY) \_\_\_\_\_

**Designation at Retirement:** \_\_\_\_\_

**Date of Retirement:** (DD / MM/ YYYY) \_\_\_\_\_

**Name of Institution Last Served:** \_\_\_\_\_

**Basic Salary at the time of Retirement: (Rs.)** \_\_\_\_\_

**Original Basic Pension: (Rs.)** \_\_\_\_\_

**Pension Pay Order and Date:** \_\_\_\_\_

**Bank Details:** \_\_\_\_\_

**(Acct. No., Name of the Bank** \_\_\_\_\_

**and Address of the Bank)** \_\_\_\_\_

Life Membership Rs. 2000/- submitted by,

**Cheque No.** \_\_\_\_\_ **Drawn on Bank (& Branch)** \_\_\_\_\_

in favour of **Association of College and University Superannuated Teachers (Maharashtra)**.

**Note:** Membership application must be submitted through University wise Regional Offices ONLY. Do not send the application to the Head Office, Aurangabad directly.

Kindly accept my application for Life Membership

**Place and Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For Office Use only**

Accepted

**Date :** \_\_\_\_\_

**President / Secretary**