

## **Member's Directory Form**

Membership No.

Full Name

Gender

Qualification

PASTE YOUR  
LATEST  
PHOTOGRAPH

### **Firm Details**

Practice Status

Firm Name (If in Practice)

Company Name (In in Job)

### **Personal Details**

Date of Birth

Wedding Anniversary

Blood Group (A/B/O/AB)

Spouse Name

RH Factor (+/-)

### **Contact Details**

Professional Address

Residence Address

Telephone (O)

Telephone (R)

Mobile

Email ID

Notes

Hobbies/Extra Curriculum/Social activities

I declare that the above information is true and correct. I agree to allow the Bathinda Branch of NIRC of the Institute of Chartered Accountants of India to use the above information for publication in the member's directory and the communicating branch affairs to me from time to time. I understand that the branch shall not use the data for any other purpose. My reply to this mail may be treated as my assent.

I agree that I have signed this declaration

Date

Place: