



# Enrollment Application for Auto Miraj Loyalty card

## 1. Personal Details

2. Title :- Mrs  Miss  Mr

3. Name With initials :-

4. Name in full :-

5. Address :-

6. Gender :- Male  Female

7. National Identity Card Number :-

2. Contact Details :- Mobile

Email

## 3. Professional Details

1. Working Station :-

2. Designation :-

3. Name of the Branch Union

4. GMOA No :-

5. SLMC No :-

## 4. Vehicle Details

Vehicle Number :-

Vehicle Model :-

## 5. Payment Information

### 1. Enrollment Fees Payment Details.

Payment Mode :- Cash  Cheque  Online Transfer

Date of Payment :-

i. Bank :-

ii. Branch :-

iii. Amount :-

## Statement of Agreement

I, ....., hereby certify above facts are true and correct.

Signature of the Applicant :- ..... Date :- .....

Recommendation of Branch Union Secretary :- Recommended  Not Recommended

.....  
Name of Branch Union Secretary Signature Date

.....  
Name of General Secretary GMOA Signature Date

**Please deposit Enrollment fee 4000 Rupees for 2 years to the following account**

Account Name :- Government Medical Officer's Association

Bank :- People's Bank

Branch :- Thimbirigasyaya

Account No :- 086-1-001-4-0026175

**Office use only**

Paid upto

GMOA Membership fee

GMOA NO

Checked by Account Section :- .....

Auto Miraj Loyalty card fee

Checked by Account Section :- .....

Card Serial Number

Checked by :- .....

Issued Date