



HUMAN RIGHTS COUNCIL OF INDIA

(Constituted under the act of NITI AAYOG, Government of India: WB/2017/0152404)

MEMBERSHIP FORM

(Personal Details)

Name (In Capital Letters): _____, Gender: _____
Father's Name: _____, Date of Birth: _____
Blood Group: _____, Marital Status: _____, No. of Members (in family): _____
Nationality: _____, Religion: _____, Qualification: _____
Occupation: _____, Income (per annum) _____
Experience: _____
Address (Permanent): _____, Landmark: _____
Tehsil/City/District _____, State: _____ Postal Code: _____
Mobile No. _____, E-mail id _____ Identification mark : _____

Paste your
Passport Size
Photograph here

Type of Membership [tick the desired column]:-

- Governing Member ()
- Volunteer Member ()
- Student Member () (Please attach a copy of your student ID)

Human Rights Interests (Please check the areas of human rights that interest you the most):

- Civil & Political Rights (___)
- Social & Economic Rights (___)
- Cultural Rights (___)
- Children Rights (___)
- Women Rights (___)
- Refugee & Migrants Rights (___)
- If any other (Please Specify): _____

Skills & Expertise (Please indicate any skills or expertise you would like to contribute to the organization):

- Legal
- Advocacy
- Fundraising
- Public Relations
- Social Media
- Editing/Writing
- Research
- Event Planning
- If any other (Please Specify): _____

Reference of the Person (if any, by whom introduced): _____, Designation: _____

Hometown: _____, Contact No. : _____, Signature: _____

(Declaration)

I affirm that the information provided in form is accurate which is best of my knowledge and nothing is concealed thereon. I understand that by becoming a part of Human Rights Council of India, I am agreeing to abide by its principles, values, and any rules or guidelines set forth by the organization. Moreover, I understand the importance of confidentiality, integrity, and respect for all individuals associated with Human Rights Council of India, including beneficiaries, colleagues, and partners. I am committed to upholding the highest ethical standards in my interactions and contributions to this organization. I also acknowledge that my association with Human Rights Council of India is voluntary and that I will not receive any financial compensation for my services unless explicitly agreed upon in writing.

Date: _____

Place: _____

Signature along with thumb impression

Checklist:-

Must attach duly notarized attested copy of proof of DOB, Identity, Address, Qualification, Experience, Non-Refundable Donation of 2500/- INR or above (via online, cash, cheque, DD & by any other valid mode of payment). Approval of Membership may subject to submission of PCC (Police Clearance Certificate) or of unavoidable administrative reasons.

(Enrolled under Ministry of Social Justice & Empowerment, Government of India : WB/00031827)

Regional Office (Punjab & Haryana) : Near SBI Bank, Aggarsain Chowk, Main Road, The-Samana (147101)

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