

AIRPORTS AUTHORITY OF INDIA OFFICERS' INSTITUTE (AAIOI)

B-1, Old Area Safdarjung Airport, New Delhi -110003

CONTACT NUMBER: - 9354175668

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NEW MEMBERSHIP/RENEWALFORM

1.	NAME & DESIGNATION			
2.	DATE OF BIRTH			
3.	ORGANISATION			
4.	OFFICE ADDRESS			
5.	CONTACT DETAILS (All fields mandatory)	1. OFFICE/RES. _____ 2. MOBILE _____ 3. Email _____		
6.	LEVEL /SCALE OF PAY	Level _____ Scale of Pay _____ (Please attach latest Pay Slip)		
7.	FAMILY DETAILS			
	NAME	Date of Birth	Relationship	Remarks
1.				
2.				
3.				
4.				
(Note: Spouse,Son (s) below the age of 25 Years and Unmarried daughters only to be included)				
8.	RESIDENTIAL ADDRESS			
9.	Do you have a reference from any Member of AAIOI	1. Name _____ 2. Designation _____ 3. Membership Number _____ 4. Relationship _____		

10.	Information to be furnished by applicant from a Private Business House.	1. Annual Turn Over _____ 2. Name of Business House _____ (Please submit proof of Annual Turn over)
11.	WHY DO YOU WANT TO JOIN THE INSTITUTE (In brief)	

I agree to abide by the Bylaws, Rules and Regulations of AAIOI and orders, instructions, circulars, Notices and advisories issued by the Management of the Institute (AAIOI) from time to time.

Place : _____

Date : _____ Signature of Applicant: _____

NOTE:-

- **Please attach a Self attested copy of proof of Identity and Designation.**
- **Please do not attach any Cheque with this application.** The same be submitted only after receipt of confirmation of eligibility for Membership from AAIOI.
- Security Deposit is refundable on cessation of Membership. No interest is payable on refundable Security Deposit.

FOR OFFICE USE

1. The Applicant is eligible/not eligible for Membership _____
2. Applicable Category of Membership:
 - a) Permanent Membership – AAI
 - b) Tenure Membership - Non-AAI - _____ Category _____ (Tenure)
(Category O **(Two Years)** , G/ G-1/ NG/ NG-1 **(Five Years)** and
Serving Pilots/Engineers/Sr. Officers of Airlines of Aviation
Fraternity/Private Business Houses with turn over of over 100 Crores
(Seven Years))
3. Membership Fee Details:

a) One-time Fee (Non-Refundable)	Rs.
b) Security Deposit (Refundable)	Rs.....
c) Annual charges	Rs..... Per Annum
d) TOTAL	Rs.....
4. Validity Period: _____ Yrs. From _____ To _____

May please see for approval.

Manager, AAIOI

Approved/Not approved

Secretary

APPLICATION FOR AAIOI MEMBERSHIP CARD(S)

Existing Membership No.

Name

Designation

Date of Birth

Mobile No.

Email ID

Present Residential address

Signature _____

MEMBER

Kindly paste your photograph here
(Please do not staple)

MARITAL STATUS (Please Tick) Single Married
If married, please fill the following information:

Spouse Name

Spouse DOB

Mobile No.

Email id

Anniversary Date

No. of Dependent Children

Signature _____

SPOUSE

Kindly paste your photograph here
(Please do not staple)

DEPENDANT (S) DETAILS:-

Name (D1)

DOB ()

Mobile No.

Email id

(D1)

Kindly paste your photograph here
(Please do not staple)

Signature _____

(D2)

Name (D2)

DOB ()

Mobile No.

Email id

Kindly paste your photograph here
(Please do not staple)

Signature _____

(D3)

Name (D3)

DOB ()

Mobile No.

Email id

Kindly paste your photograph here
(Please do not staple)

Total Qty. Of Smart Card

To Be made..... Date.....

Member's Signature _____
Signature _____

NOMINATION FORM FOR SECURITY DEPOSIT

MEMBERSHIP NO.

DETAILS OF NOMINATION

IMember of Airports Authority of India Officers Institute, here-in-after referred to as **the Institute**, hereby nominate the following person to receive the amount of Security Deposit paid by me to **the Institute** at the time of seeking Membership of **the Institute**, in the event of my death. The particulars of the nominee and alternate nominee are given below:

Details of Deposit :

Security Deposit - Amount:

1. Details' of Nominee

Name.....Address.....
.....
Mobile Number of the Nominee.....Relationship with the depositor
Age..... Years Date of Birth of Nominee (**in case of Minor**)

As the nominee, mentioned above at (1), is a minor on this date, I hereby appoint Shri/Smt/Kum.....AgeYears
Address.....
.....to receive the amount of security deposit on behalf of the nominee in the event of my death, during the minority of the nominee.

2. ALTERNATE NOMINEE (In case of Nominee (at 1 above) predeceasing the Member)

Name.....Address.....
.....Mobile
Number of the Nominee.....Relationship with the depositor
Age.....Years

SIGNATURE OF THE MEMBER

Mob. No......

Date :

Place :

Signature of Witness.....

Name.....

Address.....

.....

Mobile No.....