

INTERNATIONAL HUMAN RIGHTS ASSOCIATION Access to Justice and Human Rights for All

Govt Reg : 9620/IV 865

Photograph of the

Application Form for IHRA Membership

To be filled by the applicant

Please read the deed of discharge, release and indemnity and guidelines before filling up the form.

| | | Candidate with signature |
|---|--|-----------------------------|
| Personal Information: | | A ₅₅₀ |
| Name:(Last Name | First Name | Middle Name) |
| | 1 list ivanie | Structure (value) |
| Father's/Mother's/Husband's Name: | | |
| Birth Date: Day Month Year | Sex: Male Female | Blood Group: |
| Address: | | |
| | F(A) = f(X) | |
| City:State: | | Country |
| Postal Code: | | |
| Telephone: Res(with std code): | | Mobile: |
| Office(with std code): | | |
| E-mail : | PAN Ca | ard No : |
| Qualification: | Profession: | |
| Nationality: | | |
| Attached Documents' copies: | | |
| | se/MSEB Bill/Telephone Bil/Election C | Card for address proof |
| No Criminal Record Certificate | | |
| Two passport size photographs w | ith signature on the back of second | |
| | nbership and DD of Rs. 10,000/- for nternational Human Rights Associat | |
| Has the candidate previously been the mer | mber of the IHR A? | |
| Yes No | | |
| Is the candidate a member of, or previousl Yes No | y been a member of any other non-p | profit organisation? |
| Has the candidate been involved with any | social activities in the past? | |

Preferences of the candidate for the kind of work he/she would like to get involved in IHRA:

1. ______

Deed of Discharge, Release and Indemnity:

1) The member agrees to abide by the rules of International Human Rights Association(IHRA) at all times.

2) Release and Discharge:

The member releases, discharges, waives and forever holds IHRA harmless from all claims or for any loss sustained by the member whether caused by IHRA's negligent actor willful act or omission, breach of contract, breach of statutary duty or otherwise in connection with IHRA.

3) Indemnity:

The member indemnifies IHRA against all claims for any loss sustained by the member whether caused by IHRA negligent act or willful act or omission, breach of contract, breach of statutory duty or otherwise in connection with IHRA.

4) Warranty as to Age:

By personally executing this deed, the candidate warrants that he/she is atleast of 18 years of age and 15 years for youth cell.

5) Bar to Action:

The candidate agrees that this deed may be pleaded as a bar to any action, suit or proceedings taken at any time by the candidate against IHRA arising out of or as a consequence of IHRA or any incidental activities.

6) Confidentiality:

The candidate must keep the terms of this deed strictly confidential and no disclosures of the terms of this deed is to be made by the candidate other than for the purpose of obtaining legal advice.

7) Definitions:

In this deed unless inconsistent with the context and subject matters "All claims" means all claims, actions, suit, demands, damages, interest, and costs arising out of or as a consequence of IHRA including any incidental activity. "Any loss" means any loss, damage or injury to person (including candidate) or property included but not limited to any.

8) Signatures:

Signatures executed as a deed.

[I hereby submit voluntarily at my/our own discretion, the physical copy of Aadhaar card/ physical e-Aadhaar/ masked Aadhaar / ofline electronic Aadhaar xml as issued by UIDAI(Aadhar), to International Human Rights Association for the purposes of verification/ establishing of my/our identity /address proof and voluntarily give my/our consent to apply for the membership in the International Human Rights Association and hereby give my/our consent with free will and without any coercion, undue influence to International Human Rights association for verification of my/our Aadhaar to establish its genuiness through Quick response (QR) code embedded in the Aadhaar Card or through such other acceptable manner as per UIDAI or under any Act or Law from time to time. The consent and purpose of collecting Aadhaar has been explained to me in local language. International Human rights Association has informed me/us that my/our AAdhaar submitted to the association shall not be used for any purpose other than mentioned above, or as per requirements of law. International Human Rights Association administration.]

| "Г | , <i>S/D/W/o</i> | , Occupat | ion |
|---|--|--|------------------------------------|
| Agedyears, R/o | | | |
| solemnly and sincerely affirm that the i | | | |
| true and correct. I have not concealed a | | | |
| incorrect or untrue, I understand that I | | | • |
| International Human Rights Associatio | - | | |
| I have read the deed of discharge, relea | | | e to be cuncencu. |
| 1 nuve reau ine ueeu of uischurge, reieu | ise una indemnity una agree to at | nue vy u . | |
| Place: | | | |
| Date : | | | |
| Date | 1 | | |
| | | | |
| Signature of the Candidate | Juuman Ria | Sis | gnature of the Candidate |
| 5 | tional Human Rig | nts Ass | |
| | | | |
| To be filled by the Witness | | | |
| Witness Name: | | | |
| | | | |
| | | | |
| Address: | 1111=1= | | |
| Address: | Profession: | | |
| Phone: | Profession:know | the applicant personally | for a period of years |
| Phone: | Profession:know | the applicant personally | for a period of years |
| Phone: | Profession:know | the applicant personally | for a period of years |
| Phone: I, Mr/Mrs/Miss | Profession:know | the applicant personally | for a period of years |
| Phone: | Profession:know | the applicant personally able for the membership. | y for a period of years |
| Phone: I, Mr/Mrs/Miss Imonths and confirm that to the best Place: | Profession:know | the applicant personally | y for a period of years |
| Phone: I, Mr/Mrs/Miss Imonths and confirm that to the best Place: | Profession:know | the applicant personally able for the membership. | y for a period of years |
| Phone: I, Mr/Mrs/Miss Imonths and confirm that to the best Place: | Profession:know | the applicant personally able for the membership. | y for a period of years |
| Phone: I, Mr/Mrs/Miss Imonths and confirm that to the best Place: | Profession: know st of my knowledge, he/she is suit | the applicant personally able for the membership. Signature of the | y for a period of vears |
| Phone: | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA | y for a period of years |
| Phone: I, Mr/Mrs/Miss Imonths and confirm that to the best Place: Date : | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit nte/National Body Office of IHR. by the candidate in the application The candidate is found suitable for The candidate is found suitable for dal) | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit nte/National Body Office of IHR. by the candidate in the application The candidate is found suitable for The candidate is found suitable for dal) | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |
| Phone: | Profession:know st of my knowledge, he/she is suit | y the applicant personally able for the membership. Signature of the A Or Any Cell of IHRA has been checked for va | y for a period of years Witness |

NOTE: Atleast 3 Signification/s for the approval of the Application is Required/ Mandatory

For office use only (International Body Office of IHRA)

| at | for the membership of IHRA and is nominated asplace, | count |
|---------------------------------------|--|----------------------------|
| OR The candidate's application has | been rejected. | |
| | | |
| | | |
| ace: ate : | | Mr. David Raj President |
| aic | | IHRA |
| | | |
| embership No. Allotted: | tonon on | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Guidelines For Filling The Application:

- Fill out the application form correctly and completely. Place an X/✓ in appropriate box. Use only ball pen for signature.
- 2) Two identical copies of passport size recently taken ID photographs with signature on the back of 2nd photo are necessary.
- 3) Name and Address should be written in capital letters only.
- Application and Related Material should be posted to the following address given below: International Human Rights Association, Flat no. 1, Guruprasad Building, Pimple Nilakh, Aundh Camp Pune 411027.
- 5) To be effective as a deed, candidate's execution of this document must be signed in the presence of a witness who must sign in the place provided.
- 6) For any enquiries regarding membership issues, e-mail at <u>members@ihra.co.in</u> or call us 09860822253 For any other information visit the site *www.ihra.co.in*